

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT** ▼Example: If typing, type
over the lines

CAMPAIGN FOR WORKING FAMILIES

ADDRESS (number and street)

2800 Shirlington Road, Suite 930

☐Check if different
than previously
reported. (ACC)

Arlington

VA

22206

2. **FEC IDENTIFICATION NUMBER** ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00325076

3. IS THIS
REPORT☐NEW
(N)**OR**☒AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Quarterly Report (YE)☒July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2009

through

06

30

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Dorie Velezis

Signature of Treasurer

Electronically Filed by Dorie Velezis

Date

12

02

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

2 / 392

Write or Type Committee Name
CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	1704135.18
(b) Cash on Hand at Beginning of Reporting Period	1704135.18	
(c) Total Receipts (from Line 19)	372052.14	372052.14
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	2076187.32	2076187.32
7. Total Disbursements (from Line 31)	216727.78	216727.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	1859459.54	1859459.54
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	15193.04	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

3 / 392

Write or Type Committee Name

CAMPAIGN FOR WORKING FAMILIES

Report Covering the Period:

From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	175530.00	175530.00
(ii) Unitemized	138634.67	138634.67
(iii) TOTAL (add Lines 11(a)(i) and (ii)	314164.67	314164.67
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	314164.67	314164.67
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	357.20	357.20
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.)	5780.27	5780.27
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	51750.00	51750.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	51750.00	51750.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	372052.14	372052.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	320302.14	320302.14

DETAILED SUMMARY PAGE

of Disbursements

4 / 392

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	51750.00	51750.00	
(ii) Non-Federal Share.....	51750.00	51750.00	
(b) Other Federal Operating Expenditures.....	103202.78	103202.78	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	206702.78	206702.78	
22. Transfers to Affiliated/Other Party Committees.....	2500.00	2500.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	25.00	25.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	25.00	25.00	
29. Other Disbursements.....	5000.00	5000.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	216727.78	216727.78	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	164977.78	164977.78	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 392

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	314164.67	314164.67
34. Total Contribution Refunds (from Line 28(d))	25.00	25.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	314139.67	314139.67
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	154952.78	154952.78
37. Offsets to Operating Expenditures (from Line 15, page 3)	357.20	357.20
38. Net Operating Expenditures (subtract Line 37 from Line 36)	154595.58	154595.58

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR GARY P ALLEN

Mailing Address 5744 E FALL CREEK PARKWAY NORTH DR

City

INDIANAPOLIS

State

IN

Zip Code

46226

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2009

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: SA11AI.31212

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR RICHARD ARKELL

Mailing Address 203 CAPITAL ST STE 303

City

LYNCHBURG

State

VA

Zip Code

24502

FEC ID number of contributing
federal political committee.

C

Name of Employer
MASS MUTUALOccupation
FINANCIAL ADVISOR

Receipt For: 2009

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: SA11AI.30106

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR JEFFREY B ARMOUR

Mailing Address 20320 SW BIRCH ST

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARMOUR PROPERTIESOccupation
REAL ESTATE

Receipt For: 2009

☐ Primary
 ☒ General
 ☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	0		2	0	0	9

Transaction ID: SA11AI.33315

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5750.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0098524-0001497
Transaction ID : **SA11AI.31212**

B. Form/Schedule : **SA11AI** 0106922-0000525
Transaction ID : **SA11AI.30106**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33315**

0106666-0003419

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

KAREN ARMOUR

Mailing Address 25511 RANGEWOOD ROAD

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.34186

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

MR CHRIS AYERS

Mailing Address 828 OLNEY OAK DR

City

HOUSTON

State

TX

Zip Code

77079

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONOCO INDONESIA

Occupation

MANAGE ECONOMICS & PLANNING

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.32594

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

MR CHARLES D AYRES

Mailing Address 4911 CASA ORO DR

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.33386

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

5400.00

TOTAL This Period (last page this line number only)

B. Form/Schedule : **SA11AI** 0101633-0002754
Transaction ID : **SA11AI.32594**

C. Form/Schedule : **SA11AI** 0103804-0003489
Transaction ID : **SA11AI.33386**

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR CHARLES D AYRES

Mailing Address 4911 CASA ORO DR

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	1	0	/	2	0	0	9

Transaction ID: SA11AI.33387

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR CHARLES D AYRES

Mailing Address 4911 CASA ORO DR

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	0	5	/	2	0	0	9

Transaction ID: SA11AI.33388

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR CHARLES D AYRES

Mailing Address 4911 CASA ORO DR

City

YORBA LINDA

State

CA

Zip Code

92886

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.33389

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0103804-0003490
Transaction ID : **SA11AI.33387**

B. Form/Schedule : **SA11AI** 0103804-0003491
Transaction ID : **SA11AI.33388**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33389**

0103804-0003492

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

DAVID BAIN

Mailing Address 1000 PECAN DR

City

MCKINNEY

State

TX

Zip Code

75069

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORWIN ENGINEERING INCORP-
ORATED

Occupation
ENGINEER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.32447

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DAVID BAIN

Mailing Address 1000 PECAN DR

City

MCKINNEY

State

TX

Zip Code

75069

FEC ID number of contributing
federal political committee.

C

Name of Employer
CORWIN ENGINEERING INCORP-
ORATED

Occupation
ENGINEER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.32448

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS SHIRLEY BANTER

Mailing Address 13611 NEILS BRANCH DR

City

HOUSTON

State

TX

Zip Code

77077

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.32593

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.32447**

0104630-0002619

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.32448**

0104630-0002620

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32593**

0105283-0002752

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
 MR DAVID J BATLUCK

Mailing Address 17 MULLIGAN DR

City State Zip Code
 READING PA 19606

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ST JOSEPH MEDICAL CENTER

Occupation
 PHYSICIAN

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.29910

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
 MR DAVID J BATLUCK

Mailing Address 17 MULLIGAN DR

City State Zip Code
 READING PA 19606

FEC ID number of contributing
federal political committee.

C

Name of Employer
 ST JOSEPH MEDICAL CENTER

Occupation
 PHYSICIAN

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 300.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.29911

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
 MR JIM BECK

Mailing Address 4605 94TH ST

City State Zip Code
 LUBBOCK TX 79424

FEC ID number of contributing
federal political committee.

C

Name of Employer
 BECK STEEL INC.

Occupation
 STEEL FABRICATION

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.32737

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1150.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.29910**

0002355-0000344

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.29911**

0002355-0000345

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32737**

0106963-0002892

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR CHRISTOPHER BEQUETTE

Mailing Address 2601 WINDWARD BLVD

City

CHAMPAIGN

State

IL

Zip Code

61821

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN COACHES WEALTH
MANAGEMENT

Occupation

FINANCIAL ADVISOR

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.32105

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

DR DUANE C BERKOMPAS

Mailing Address P O BOX 2168

City

COLUMBUS

State

OH

Zip Code

43216

FEC ID number of contributing
federal political committee.

C

Name of Employer
SURGEON

Occupation

SELF

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.31038

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

DR DUANE C BERKOMPAS

Mailing Address P O BOX 2168

City

COLUMBUS

State

OH

Zip Code

43216

FEC ID number of contributing
federal political committee.

C

Name of Employer
SURGEON

Occupation

SELF

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.31039

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0100517-0002311
Transaction ID : **SA11AI.32105**

B. Form/Schedule : **SA11AI** 0106278-0001340
Transaction ID : **SA11AI.31038**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31039**

0106278-0001341

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

DR GARY R BISHOP

Mailing Address 15144 LARRY ST

City

POWAY

State

CA

Zip Code

92064

FEC ID number of contributing
federal political committee.

C

Name of Employer
RIVERSIDE COUNTY

Occupation

PHARMACIST

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.33215

Amount of Each Receipt this Period

35.00

B.

Full Name (Last, First, Middle Initial)

MRS RONDA R BLEHM-KUK

Mailing Address 32265 WEEPING WILLOW ST

City

TRABUCO CANYON

State

CA

Zip Code

92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.33338

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR LAWRENCE D BOONE

Mailing Address PO BOX 1056

City

DENAIR

State

CA

Zip Code

95316

FEC ID number of contributing
federal political committee.

C

Name of Employer
TANANA CHIEFS CONFERENCE
INC

Occupation

HEALTH AIDE

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.33522

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

485.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0009108-0003329
Transaction ID : **SA11AI.33215**

B. Form/Schedule : **SA11AI** 0104766-0003441
Transaction ID : **SA11AI.33338**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33522**

0049218-0003616

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR WILLIAM P BORDUIN

Mailing Address 200 BLACK SKIMMER CT

City

EDGEWATER

State

MD

Zip Code

21037

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.29962

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

MR RANDY BRAMEL

Mailing Address 1955 PORT CLARIDGE PL

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRIDGEPORT INVESTMENTS

Occupation
REAL ESTATE

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.33318

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR RANDY BRAMEL

Mailing Address 1955 PORT CLARIDGE PL

City

NEWPORT BEACH

State

CA

Zip Code

92660

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRIDGEPORT INVESTMENTS

Occupation
REAL ESTATE

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.33319

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0100966-0000398
Transaction ID : **SA11AI.29962**

B. Form/Schedule : **SA11AI** 0035331-0003422
Transaction ID : **SA11AI.33318**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33319**

0035331-0003423

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR TERRY O BRISTOL

Mailing Address 344 E FOOTHILLS PKWY
RED ROOM 9-W

City State Zip Code
FORT COLLINS CO 80525

FEC ID number of contributing
federal political committee.

C

Name of Employer
344E FOOTHILLS PARKWAY FC
COLORADO

Occupation
ASSET MGR

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.32843

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR TERRY O BRISTOL

Mailing Address 344 E FOOTHILLS PKWY
RED ROOM 9-W

City State Zip Code
FORT COLLINS CO 80525

FEC ID number of contributing
federal political committee.

C

Name of Employer
344E FOOTHILLS PARKWAY FC
COLORADO

Occupation
ASSET MGR

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.32844

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

RITA BROWN

Mailing Address P.O. BOX 5562

City State Zip Code
MIDLAND TX 79074

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.32754

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0024811-0002989
Transaction ID : **SA11AI.32843**

B. Form/Schedule : **SA11AI** 0024811-0002990
Transaction ID : **SA11AI.32844**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32754**

0106964-0002908

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR WENDELL E BROWN

Mailing Address 300 N FILLMORE ST

City

ARLINGTON

State

VA

Zip Code

22201

FEC ID number of contributing
federal political committee.

C

Name of Employer
B&E SERVICES

Occupation

ACCOUNTANT

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.30026

Amount of Each Receipt this Period

20.00

B.

Full Name (Last, First, Middle Initial)

MRS TONYA BRUMMERSTEDT

Mailing Address 465 NORMAN DR

City

GROVELAND

State

IL

Zip Code

61535

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.32067

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

WILLIAM P BUCK, JR

Mailing Address 2084 BROOK HIGHLAND RDG

City

BIRMINGHAM

State

AL

Zip Code

35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ORAL & MAXILLOFACIAL SURGEON

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.30734

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0002658-0000454
Transaction ID : **SA11AI.30026**

B. Form/Schedule : **SA11AI** 0034369-0002275
Transaction ID : **SA11AI.32067**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30734**

0101854-0001071

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
WILLIAM P BUCK, JR

Mailing Address **2084 BROOK HIGHLAND RDG**

City State Zip Code
BIRMINGHAM AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
ORAL & MAXILLOFACIAL SURGEON

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

04 / 20 / 2009

Transaction ID: SA11AI.30735

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
WILLIAM P BUCK, JR

Mailing Address **2084 BROOK HIGHLAND RDG**

City State Zip Code
BIRMINGHAM AL 35242

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
ORAL & MAXILLOFACIAL SURGEON

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

06 / 26 / 2009

Transaction ID: SA11AI.30736

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
RUSSELL A CARDENAS

Mailing Address **510 E SUNSHINE DR**

City State Zip Code
SAN ANTONIO TX 78228

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALCOA

Occupation
COST ANALYST

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

05 / 15 / 2009

Transaction ID: SA11AI.32660

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0101854-0001072
Transaction ID : **SA11AI.30735**

B. Form/Schedule : **SA11AI** 0101854-0001073
Transaction ID : **SA11AI.30736**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32660**

0103281-0002820

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

RUSSELL A CARDENAS

Mailing Address 510 E SUNSHINE DR

City

SAN ANTONIO

State

TX

Zip Code

78228

FEC ID number of contributing
federal political committee.

C

Name of Employer
ALCOA

Occupation

COST ANALYST

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.32661

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID S CARROLL, JR

Mailing Address 235 RIVEREDGE CV

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAGE DEFINED SOFTWARE

Occupation

SOFTWARE DEVELOPER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.30887

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MR DAVID CHALMERS

Mailing Address 536 ABILENE TRL

City

CINCINNATI

State

OH

Zip Code

45215

FEC ID number of contributing
federal political committee.

C

Name of Employer
PROCTER & GAMBLE

Occupation

INFORMATION TECHNOLOGY

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.31116

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

750.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0103281-0002821
Transaction ID : **SA11AI.32661**

B. Form/Schedule : **SA11AI** 0050026-0001216
Transaction ID : **SA11AI.30887**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31116**

0102272-0001411

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR GORDON CHAN

Mailing Address 1023 NE 98TH ST

City

SEATTLE

State

WA

Zip Code

98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWEST HOSP

Occupation

C. T. TECHNOLOGIST

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.33785

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR GORDON CHAN

Mailing Address 1023 NE 98TH ST

City

SEATTLE

State

WA

Zip Code

98115

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHWEST HOSP

Occupation

C. T. TECHNOLOGIST

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.33786

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS MICHELE CHAPDELAINE

Mailing Address 990 SWEET GRASS CIR

City

AURORA

State

OH

Zip Code

44202

FEC ID number of contributing
federal political committee.

C

Name of Employer
PIONEER PRE-SCHOOL

Occupation

TEACHER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.31067

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0032286-0003855
Transaction ID : **SA11AI.33785**

B. Form/Schedule : **SA11AI** 0032286-0003856
Transaction ID : **SA11AI.33786**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31067**

0009640-0001368

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR C DAN CHENOWETH

Mailing Address 5515 W RICHEY RD

City

HOUSTON

State

TX

Zip Code

77066

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWSCO- INC

Occupation

CHAIRMAN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.32584

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR C DAN CHENOWETH

Mailing Address 5515 W RICHEY RD

City

HOUSTON

State

TX

Zip Code

77066

FEC ID number of contributing
federal political committee.

C

Name of Employer
TWSCO- INC

Occupation

CHAIRMAN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	0	9

Transaction ID: SA11AI.32585

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

CHARLES H COOK

Mailing Address 625 SINGLEY AVE

City

RUNNEMEDE

State

NJ

Zip Code

08078

FEC ID number of contributing
federal political committee.

C

Name of Employer
MOHAWK INDUSTRIES- INC.

Occupation

MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	2	6	/	2	0	0	9

Transaction ID: SA11AI.29654

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0104559-0002744
Transaction ID : **SA11AI.32584**

B. Form/Schedule : **SA11AI** 0104559-0002745
Transaction ID : **SA11AI.32585**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.29654**

0106270-0000117

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR JOHN K COORS

Mailing Address 34385 RANCHERO RD

City

EVERGREEN

State

CO

Zip Code

80439

FEC ID number of contributing
federal political committee.

C

Name of Employer
COORSTEK INC

Occupation

MANUFACTURING

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	1	/	2	0	0	9

Transaction ID: SA11AI.32823

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

MRS MARGARET L COWAN

Mailing Address 85 HELEN ST

City

FANWOOD

State

NJ

Zip Code

07023

FEC ID number of contributing
federal political committee.

C

Name of Employer
MERRILLYN NY

Occupation

ADMINISTRATION

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	0	3	/	2	0	0	9

Transaction ID: SA11AI.29615

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

ROGER CRAWFORD

Mailing Address 7784 DOUGLAS DR

City

PARK CITY

State

UT

Zip Code

84098

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

BROADCAST TECH

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	5	/	2	0	0	9

Transaction ID: SA11AI.32959

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

5550.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0101969-0002972
Transaction ID : **SA11AI.32823**

B. Form/Schedule : **SA11AI** 0044157-0000082
Transaction ID : **SA11AI.29615**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32959**

0105014-0003100

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR JOHN DAVIDSON

Mailing Address 8907 MISSION CREEK CV

City

AUSTIN

State

TX

Zip Code

78735

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.32704

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR HOWARD DEHM

Mailing Address 1010 NE PURCELL BLVD APT 136

City

BEND

State

OR

Zip Code

97701

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.33729

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR LEONARD A DEO

Mailing Address 2 SYLDEO DR

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLOWERS & GIFTS- INC.

Occupation
FLORIST

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.29624

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0102108-0002859
Transaction ID : **SA11AI.32704**

B. Form/Schedule : **SA11AI** 0105596-0003804
Transaction ID : **SA11AI.33729**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.29624**

0001536-0000091

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR LEONARD A DEO

Mailing Address 2 SYLDEO DR

City

PARSIPPANY

State

NJ

Zip Code

07054

FEC ID number of contributing
federal political committee.

C

Name of Employer
FLOWERS & GIFTS- INC.

Occupation
FLORIST

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.29625

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR KIRK L DORN

Mailing Address 9 CHERRYWOOD DR

City

EAST NORTHPORT

State

NY

Zip Code

11731

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.29682

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR DON DOWNS

Mailing Address 333 W PASEO DE CRISTOBAL

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.33330

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0001536-0000092
Transaction ID : **SA11AI.29625**

B. Form/Schedule : **SA11AI** 0076011-0000143
Transaction ID : **SA11AI.29682**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33330**

0009205-0003433

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 56 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR DON DOWNS

Mailing Address 333 W PASEO DE CRISTOBAL

City

SAN CLEMENTE

State

CA

Zip Code

92672

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.33331

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MRS KATHLEEN A ECHELBARGER

Mailing Address 16207 LARCH WAY

City

LYNNWOOD

State

WA

Zip Code

98087

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.33777

Amount of Each Receipt this Period

800.00

C.

Full Name (Last, First, Middle Initial)

MRS KATHLEEN A ECHELBARGER

Mailing Address 16207 LARCH WAY

City

LYNNWOOD

State

WA

Zip Code

98087

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.33778

Amount of Each Receipt this Period

800.00

SUBTOTAL of Receipts This Page (optional)

2100.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.33331**

0009205-0003434

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.33777**

0103709-0003846

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33778**

0103709-0003847

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 59 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR WILLIAM S EDGERLY

Mailing Address 32 HIGHLAND ST

City

CAMBRIDGE

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.29540

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM S EDGERLY

Mailing Address 32 HIGHLAND ST

City

CAMBRIDGE

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.29541

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR WILLIAM S EDGERLY

Mailing Address 32 HIGHLAND ST

City

CAMBRIDGE

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.29542

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.29540**

0104008-0000023

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.29541**

0104008-0000024

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.29542**

0104008-0000025

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 62 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR WILLIAM S EDGERLY

Mailing Address 32 HIGHLAND ST

City

CAMBRIDGE

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.29543

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MRS SARAH EGGERICHS

Mailing Address 3792 BRIDGEHAMPTON DR NE

City

GRAND RAPIDS

State

MI

Zip Code

49546

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.31500

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

MR CRAIG W EGLOFF

Mailing Address 27001 HIGHWAY 128

City

YORKVILLE

State

CA

Zip Code

95494

FEC ID number of contributing
federal political committee.

C

Name of Employer
JAYMES & JAYMES

Occupation
INSURANCE BROKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.33548

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

5400.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0104008-0000026
Transaction ID : **SA11AI.29543**

B. Form/Schedule : **SA11AI** 0106887-0001760
Transaction ID : **SA11AI.31500**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33548**

0101847-0003640

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 65 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR CRAIG W EGLOFF

Mailing Address 27001 HIGHWAY 128

City

YORKVILLE

State

CA

Zip Code

95494

FEC ID number of contributing
federal political committee.

C

Name of Employer
JAYMES & JAYMES

Occupation

INSURANCE BROKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	8	/	2	0	0	9

Transaction ID: SA11AI.33549

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR CRAIG W EGLOFF

Mailing Address 27001 HIGHWAY 128

City

YORKVILLE

State

CA

Zip Code

95494

FEC ID number of contributing
federal political committee.

C

Name of Employer
JAYMES & JAYMES

Occupation

INSURANCE BROKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	0	/	2	0	0	9

Transaction ID: SA11AI.33550

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR CRAIG W EGLOFF

Mailing Address 27001 HIGHWAY 128

City

YORKVILLE

State

CA

Zip Code

95494

FEC ID number of contributing
federal political committee.

C

Name of Employer
JAYMES & JAYMES

Occupation

INSURANCE BROKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	1	4	/	2	0	0	9

Transaction ID: SA11AI.33551

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.33549**

0101847-0003641

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.33550**

0101847-0003642

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33551**

0101847-0003643

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 68 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS BETTY M EITELMAN

Mailing Address 210 AVENIDA DE LEON

City

ABILENE

State

TX

Zip Code

79602

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHWEST ANIMAL CLINIC

Occupation

VETERINARIAN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.32745

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MRS MARGUERITE ENSIO

Mailing Address 7540 N WINDOW PEAK RD

City

TUCSON

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.33037

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

MR PAAVO ENSIO

Mailing Address 7540 N WINDOW PEAK RD

City

TUCSON

State

AZ

Zip Code

85718

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

ENGINEER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.34188

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10250.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0021501-0002899
Transaction ID : **SA11AI.32745**

B. Form/Schedule : **SA11AI** 0103782-0003173
Transaction ID : **SA11AI.33037**

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 70 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS JANICE ERICKSON

Mailing Address PO BOX 3006

City

BOTHELL

State

WA

Zip Code

98041

FEC ID number of contributing
federal political committee.

C

Name of Employer
CE PUBLICATIONS- INC.

Occupation

PUBLISHER/EDITOR

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.33766

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MRS DEBORAH EVERLEY

Mailing Address 1008 CENTENNIAL DR

City

CHATTANOOGA

State

TN

Zip Code

37405

FEC ID number of contributing
federal political committee.

C

Name of Employer
BLUE CROSS & BLUE SHIELD
OF TN

Occupation

MANAGEMENT/ HOMEMAKER (WIFE)

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.30835

Amount of Each Receipt this Period

240.00

C.

Full Name (Last, First, Middle Initial)

MS CLARE L FERENCZY

Mailing Address 111 E 2ND ST

City

CORNING

State

NY

Zip Code

14830

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOME

Occupation

HOUSEWIFE/HOMESCHOOL TEACHER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.29745

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

840.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0010196-0003837
Transaction ID : **SA11AI.33766**

B. Form/Schedule : **SA11AI** 0098314-0001170
Transaction ID : **SA11AI.30835**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.29745**

0101683-0000199

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 73 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MS CLARE L FERENCZY

Mailing Address 111 E 2ND ST

City State Zip Code
CORNING NY 14830

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOME

Occupation
HOUSEWIFE/HOMESCHOOL TEACHER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.29746

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MRS CHRIS FLEMING

Mailing Address 1801 FAIRFOREST DR

City State Zip Code
MONTGOMERY AL 36106

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.30766

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
JOSEPH FOUNTAIN

Mailing Address 6003 CHAPEL HILL RD

City State Zip Code
RALEIGH NC 27607

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.30161

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0101683-0000200
Transaction ID : **SA11AI.29746**

B. Form/Schedule : **SA11AI** 0105141-0001102
Transaction ID : **SA11AI.30766**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30161**

0105927-0000571

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 76 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR BILLY FOWLER

Mailing Address 2113 AUGUSTA

City

MCKINNEY

State

TX

Zip Code

75070

FEC ID number of contributing
federal political committee.

C

Name of Employer

FOWLER FINANCIAL MANAGEME-
NT

Occupation

FINANCIAL PLANNER/MONEY MANAGER

Receipt For: 2009

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	9	

Transaction ID: SA11AI.32457

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR TOM FRANK

Mailing Address 7845 HOLDER ST

City

BUENA PARK

State

CA

Zip Code

90620

FEC ID number of contributing
federal political committee.

C

Name of Employer
BOEING COMPANY

Occupation

PROGRAMMER

Receipt For: 2009

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	9	

Transaction ID: SA11AI.33130

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR CARL M FRANZELLA

Mailing Address 2329 SEVERN AVE

City

METAIRIE

State

LA

Zip Code

70001

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUN INTERIORS

Occupation

PRESIDENT

Receipt For: 2009

☐ Primary ☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	9	

Transaction ID: SA11AI.32298

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)

725.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0106818-0002629
Transaction ID : **SA11AI.32457**

B. Form/Schedule : **SA11AI** 0104849-0003253
Transaction ID : **SA11AI.33130**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32298**

0104367-0002485

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 79 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

DR JERRE M FREEMAN

Mailing Address 6485 POPLAR AVE

City

MEMPHIS

State

TN

Zip Code

38119

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

PHYSICIAN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.30901

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR FRANCIS L FRIEND

Mailing Address 2125 LUANN LN APT 6

City

MADISON

State

WI

Zip Code

53713

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTERVARSITY CHRISTIAN FE-
LLOWSHIP

Occupation

MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.31670

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR FRANCIS L FRIEND

Mailing Address 2125 LUANN LN APT 6

City

MADISON

State

WI

Zip Code

53713

FEC ID number of contributing
federal political committee.

C

Name of Employer
INTERVARSITY CHRISTIAN FE-
LLOWSHIP

Occupation

MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.31671

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30901**

0098613-0001229

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31670**

0100234-0001912

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31671**

0100234-0001913

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 82 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS JEANNE A FUDGE

Mailing Address 16005 MAKAH ST NW

City

ANDOVER

State

MN

Zip Code

55304

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.31744

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR JAMES L FULLMER

Mailing Address 2552 WALNUT AVE SUITE 230

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing
federal political committee.

C

Name of Employer
FULLMER CONSTRUCTION

Occupation
OWNER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.33360

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

JOAN FULLMER

Mailing Address 2552 WALNUT AVE #230

City

TUSTIN

State

CA

Zip Code

92780

FEC ID number of contributing
federal political committee.

C

Name of Employer
LASER AND DERMATOLOGY GRO-
UP

Occupation
RN

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.34187

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10500.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0005980-0001977
Transaction ID : **SA11AI.31744**

B. Form/Schedule : **SA11AI** 0106483-0003462
Transaction ID : **SA11AI.33360**

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 84 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR ROBERT A FULLMER

Mailing Address 2552 WALNUT AVE STE 230

City State Zip Code
TUSTIN CA 92780

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
CONSTRUCTION

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.33361

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MRS SUSAN M GEOGHAN

Mailing Address 6046 HAMPTON CT

City State Zip Code
EAST PETERSBURG PA 17520

FEC ID number of contributing
federal political committee.

C

Name of Employer
HUSBAND

Occupation
HOMEMAKER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.29837

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR EARL GJELDE

Mailing Address 790 ROSE ACRES CT

City State Zip Code
LOVELAND CO 80537

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPGI

Occupation
CEO

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.32847

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0104001-0003464
Transaction ID : **SA11AI.33361**

B. Form/Schedule : **SA11AI** 0020884-0000279
Transaction ID : **SA11AI.29837**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32847**

0106982-0002994

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 87 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR EARL GJELDE

Mailing Address 790 ROSE ACRES CT

City

LOVELAND

State

CO

Zip Code

80537

FEC ID number of contributing
federal political committee.

C

Name of Employer
SPGI

Occupation
CEO

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.32848

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MRS SUSAN R GORDON

Mailing Address 1212 NW 12TH ST

City

ANDREWS

State

TX

Zip Code

79714

FEC ID number of contributing
federal political committee.

C

Name of Employer
BRIAN E GORDON- MD

Occupation
BOOKKEEPER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.32755

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR JERRY GOULDING

Mailing Address PO BOX 8173

City

TRUCKEE

State

CA

Zip Code

96162

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33608

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0106982-0002995
Transaction ID : **SA11AI.32848**

B. Form/Schedule : **SA11AI** 0020563-0002910
Transaction ID : **SA11AI.32755**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33608**

0103452-0003694

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 90 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR JERRY GOULDING

Mailing Address PO BOX 8173

City State Zip Code
TRUCKEE CA 96162

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.33609

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MR JERRY GOULDING

Mailing Address PO BOX 8173

City State Zip Code
TRUCKEE CA 96162

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.33610

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MR JERRY GOULDING

Mailing Address PO BOX 8173

City State Zip Code
TRUCKEE CA 96162

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.33611

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0103452-0003695
Transaction ID : **SA11AI.33609**

B. Form/Schedule : **SA11AI** 0103452-0003696
Transaction ID : **SA11AI.33610**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33611**

0103452-0003697

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 93 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS CARL W GUSTKE

Mailing Address 233 STATON RD

City

CABOT

State

AR

Zip Code

72023

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEDERAL EX - (WIFE) REBSA-
MEN R. H.

Occupation

PILOT - WIFE DEBORAH-RN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.32343

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS CARL W GUSTKE

Mailing Address 233 STATON RD

City

CABOT

State

AR

Zip Code

72023

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEDERAL EX - (WIFE) REBSA-
MEN R. H.

Occupation

PILOT - WIFE DEBORAH-RN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.32344

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS CARL W GUSTKE

Mailing Address 233 STATON RD

City

CABOT

State

AR

Zip Code

72023

FEC ID number of contributing
federal political committee.

C

Name of Employer
FEDERAL EX - (WIFE) REBSA-
MEN R. H.

Occupation

PILOT - WIFE DEBORAH-RN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.32345

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.32343**

0022519-0002527

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.32344**

0022519-0002528

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32345**

0022519-0002529

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 96 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS SHARI L S HAAS

Mailing Address 4933 PEAR TREE CT

City

COLUMBUS

State

OH

Zip Code

43230

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFO REQUESTED, NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.31041

Amount of Each Receipt this Period

75.00

B.

Full Name (Last, First, Middle Initial)

MRS KAY A HALLAUER

Mailing Address 14274 254TH RD

City

HOLTON

State

KS

Zip Code

66436

FEC ID number of contributing
federal political committee.

C

Name of Employer

DENISON STATE BANK

Occupation

REAL ESTATE OFFICER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.32244

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MRS EILEEN P HAMEL

Mailing Address 645 WILLOW VALLEY SQ # J312

City

LANCASTER

State

PA

Zip Code

17602

FEC ID number of contributing
federal political committee.

C

Name of Employer

HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.29852

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0018728-0001344
Transaction ID : **SA11AI.31041**

B. Form/Schedule : **SA11AI** 0007065-0002433
Transaction ID : **SA11AI.32244**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.29852**

0002195-0000293

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 99 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR WILLIS HAMILTON

Mailing Address 345 W MEATS AVE

HAMILTON FAMILY TRUST

City

ORANGE

State

CA

Zip Code

92865

FEC ID number of contributing
federal political committee.

C

Name of Employer
HAMILTON FAMILY TRUST

Occupation
PRES

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.33382

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

MRS ARLENE M HANSEN

Mailing Address 145 DRIFTWOOD DR

City

AURORA

State

NE

Zip Code

68818

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.32282

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MRS ARLENE M HANSEN

Mailing Address 145 DRIFTWOOD DR

City

AURORA

State

NE

Zip Code

68818

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.32283

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

2900.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0009250-0003484
Transaction ID : **SA11AI.33382**

B. Form/Schedule : **SA11AI** 0067626-0002469
Transaction ID : **SA11AI.32282**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32283**

0067626-0002470

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 102 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MISS KAREN L HARP

Mailing Address 1377 PINE GROVE CT

City

JACKSONVILLE

State

FL

Zip Code

32205

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEXIN CODE CORP

Occupation

MEDICAL RECORD CONSULTANT

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.30527

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MISS KAREN L HARP

Mailing Address 1377 PINE GROVE CT

City

JACKSONVILLE

State

FL

Zip Code

32205

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEXIN CODE CORP

Occupation

MEDICAL RECORD CONSULTANT

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.30528

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

MISS KAREN L HARP

Mailing Address 1377 PINE GROVE CT

City

JACKSONVILLE

State

FL

Zip Code

32205

FEC ID number of contributing
federal political committee.

C

Name of Employer
LEXIN CODE CORP

Occupation

MEDICAL RECORD CONSULTANT

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.30529

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0012099-0000895
Transaction ID : **SA11AI.30527**

B. Form/Schedule : **SA11AI** 0012099-0000896
Transaction ID : **SA11AI.30528**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30529**

0012099-0000897

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 105 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

GARY B HARPER

Mailing Address 6101 PRYOR LN

City

FARMINGTON

State

NM

Zip Code

87402

FEC ID number of contributing
federal political committee.

C

Name of Employer

FOUR STATES GASKET & RUBB-
ER IN

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 9 / 2 0 0 9

Transaction ID: SA11AI.33065

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

CHARLES W HARRISON

Mailing Address 58 FERRY RD

City

STOCKTON

State

NJ

Zip Code

08559

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.29655

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MARIANNE HAUER

Mailing Address 168 COUNTY ROUTE 2A

City

PULASKI

State

NY

Zip Code

13142

FEC ID number of contributing
federal political committee.

C

Name of Employer

PULASKI ACADEMY & CENTREL
SCHOOL

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.29713

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1500.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0008573-0003200
Transaction ID : **SA11AI.33065**

B. Form/Schedule : **SA11AI** 0103982-0000119
Transaction ID : **SA11AI.29655**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.29713**

0106616-0000169

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 108 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MARIANNE HAUER

Mailing Address **168 COUNTY ROUTE 2A**

City State Zip Code
PULASKI NY 13142

FEC ID number of contributing
federal political committee.

C

Name of Employer
**PULASKI ACADEMY & CENTREL
 SCHOOL**

Occupation
RETIRED

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
800.00

Date of Receipt

06 / 17 / 2009

Transaction ID: SA11AI.29714

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
MR DALE HEDRICK

Mailing Address **2200 CENTRE PARK WEST DR STE 100**

City State Zip Code
WEST PALM BEACH FL 33409

FEC ID number of contributing
federal political committee.

C

Name of Employer
**HEDRICK BROTHERS CONSTRUC-
 TION**

Occupation
GENERAL CONTRACTOR - OWNER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

02 / 18 / 2009

Transaction ID: SA11AI.30629

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)
MR DALE HEDRICK

Mailing Address **2200 CENTRE PARK WEST DR STE 100**

City State Zip Code
WEST PALM BEACH FL 33409

FEC ID number of contributing
federal political committee.

C

Name of Employer
**HEDRICK BROTHERS CONSTRUC-
 TION**

Occupation
GENERAL CONTRACTOR - OWNER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

06 / 30 / 2009

Transaction ID: SA11AI.30630

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0106616-0000170
Transaction ID : **SA11AI.29714**

B. Form/Schedule : **SA11AI** 0047814-0000977
Transaction ID : **SA11AI.30629**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30630**

0047814-0000978

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 111 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR RICHARD HELMICK

Mailing Address 40 HALAULANI PL

City

HILO

State

HI

Zip Code

96720

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	9	

Transaction ID: SA11AI.33615

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR BRUCE T HENDERSON, MD

Mailing Address 3730 BURNING TREE DR

City

BLOOMFIELD

State

MI

Zip Code

48302

FEC ID number of contributing
federal political committee.

C

Name of Employer

MD

Occupation

SURGEON

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	1	9	/	2	0	9	

Transaction ID: SA11AI.31345

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS H HENDERSON

Mailing Address 4042 JOHN S RABOTEAU WYND

City

RALEIGH

State

NC

Zip Code

27612

FEC ID number of contributing
federal political committee.

C

Name of Employer

SELF

Occupation

ENGINEER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	9	/	2	0	9	

Transaction ID: SA11AI.30164

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.33615**

0031329-0003701

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.31345**

0005155-0001614

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30164**

0106370-0000574

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 114 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS DORIS T HENDRICKS

Mailing Address 8810 WALTHER BLVD APT 2229

City

PARKVILLE

State

MD

Zip Code

21234

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.29978

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM T HENRY, SR

Mailing Address 61 SOLOGNE CIR

City

LITTLE ROCK

State

AR

Zip Code

72223

FEC ID number of contributing
federal political committee.

C

Name of Employer
RADIOLOGY CONSULTANTS

Occupation
PHYSICIAN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.32360

Amount of Each Receipt this Period

2000.00

C.

Full Name (Last, First, Middle Initial)

DR SAMUEL D HENSLEY

Mailing Address P O BOX 13708

City

JACKSON

State

MS

Zip Code

39236

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.30941

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

2400.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0099068-0000413
Transaction ID : **SA11AI.29978**

B. Form/Schedule : **SA11AI** 0007401-0002543
Transaction ID : **SA11AI.32360**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30941**

0106726-0001256

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 117 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS PAULA BABETTE HILL

Mailing Address 157 NE COAL LANE

City

TRENTON

State

MO

Zip Code

64683

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOME

Occupation

FAMILY MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.32193

Amount of Each Receipt this Period

400.00

B.

Full Name (Last, First, Middle Initial)

MRS PAULA BABETTE HILL

Mailing Address 157 NE COAL LANE

City

TRENTON

State

MO

Zip Code

64683

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOME

Occupation

FAMILY MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.32194

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City

CHELSEA

State

AL

Zip Code

35043

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIOHORIZONS IMPLANT SYSTEM
INC

Occupation

VP OPS

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.30712

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0006958-0002390
Transaction ID : **SA11AI.32193**

B. Form/Schedule : **SA11AI** 0006958-0002391
Transaction ID : **SA11AI.32194**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30712**

0105332-0001051

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 120 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City

CHELSEA

State

AL

Zip Code

35043

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIOHORIZONS IMPLANT SYSTEM
INC

Occupation
VP OPS

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.30713

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City

CHELSEA

State

AL

Zip Code

35043

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIOHORIZONS IMPLANT SYSTEM
INC

Occupation
VP OPS

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.30714

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR ALAN HOKANSON

Mailing Address 152 GRANDE VISTA WAY

City

CHELSEA

State

AL

Zip Code

35043

FEC ID number of contributing
federal political committee.

C

Name of Employer
BIOHORIZONS IMPLANT SYSTEM
INC

Occupation
VP OPS

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.30715

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.30713**

0105332-0001052

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.30714**

0105332-0001053

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30715**

0105332-0001054

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 123 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR DAVID HOLLINGER

Mailing Address 755 WHITE OAK RD

City

DENVER

State

PA

Zip Code

17517

FEC ID number of contributing
federal political committee.

C

Name of Employer

FOUR SEASONS PRODUCE INC

Occupation

PRESIDENT

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.29836

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MRS SYLVIA HOLLINGER

Mailing Address 26 HOLLOW RD

City

NEW PROVIDENCE

State

PA

Zip Code

17560

FEC ID number of contributing
federal political committee.

C

Name of Employer

WDAC RADIO COMPANY

Occupation

ADMINISTRATIVE ASSISTANT

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.29845

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MR MARK A HOLMES

Mailing Address 6035 S VIVIAN ST

City

LITTLETON

State

CO

Zip Code

80127

FEC ID number of contributing
federal political committee.

C

Name of Employer

BAMBRO BCT INC

Occupation

REGULATORY AFFAIRS

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.32792

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0051656-0000277
Transaction ID : **SA11AI.29836**

B. Form/Schedule : **SA11AI** 0076318-0000285
Transaction ID : **SA11AI.29845**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32792**

0008108-0002941

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 126 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
PEGGY HORNER

Mailing Address **5500 MAHOGANY RUN COURT**

City State Zip Code
PLANO TX 75093

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

02 / 18 / 2009

Transaction ID: SA11AI.32467

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)
MR TIM A HORNER

Mailing Address **5500 MAHOGANY RUN CT**

City State Zip Code
PLANO TX 75093

FEC ID number of contributing
federal political committee.

C

Name of Employer
PREMIER DESIGNS- INC.

Occupation
PRESIDENT

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

02 / 04 / 2009

Transaction ID: SA11AI.32466

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)
MR ROY S HORRAS

Mailing Address **701 S ELMWOOD AVE**

City State Zip Code
OAK PARK IL 60304

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
PHYSICIAN

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

06 / 30 / 2009

Transaction ID: SA11AI.32023

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

10050.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0103217-0002639
Transaction ID : **SA11AI.32467**

B. Form/Schedule : **SA11AI** 0103217-0002638
Transaction ID : **SA11AI.32466**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32023**

0048914-0002232

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 129 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MARILYN R HOWELL

Mailing Address PO BOX 565

City

CIRCLE

State

MT

Zip Code

59215

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIRCLE VETERINARY CLINIC

Occupation

VETERINARIAN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4	/	2	9	/	2	0	0	9

Transaction ID: SA11AI.31945

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MARILYN R HOWELL

Mailing Address PO BOX 565

City

CIRCLE

State

MT

Zip Code

59215

FEC ID number of contributing
federal political committee.

C

Name of Employer
CIRCLE VETERINARY CLINIC

Occupation

VETERINARIAN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	9

Transaction ID: SA11AI.31946

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

DR HAROLD E HUFFMAN

Mailing Address PO BOX 197
12 SYLVAN DRIVE

City

HINTON

State

VA

Zip Code

22831

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3	/	1	6	/	2	0	0	9

Transaction ID: SA11AI.30060

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)

425.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.31945**

0104247-0002161

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.31946**

0104247-0002162

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30060**

0104674-0000484

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 132 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
DR HAROLD E HUFFMAN

Mailing Address PO BOX 197
12 SYLVAN DRIVE

City State Zip Code
HINTON VA 22831

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.30061

Amount of Each Receipt this Period

225.00

B.

Full Name (Last, First, Middle Initial)
MRS DIANA E HULL

Mailing Address 3000 LEWIS RD

City State Zip Code
RIVERTON WY 82501

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
SELF EMPLOYED

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.32909

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)
MRS DIANA E HULL

Mailing Address 3000 LEWIS RD

City State Zip Code
RIVERTON WY 82501

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
SELF EMPLOYED

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.32910

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

525.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0104674-0000485
Transaction ID : **SA11AI.30061**

B. Form/Schedule : **SA11AI** 0008315-0003054
Transaction ID : **SA11AI.32909**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32910**

0008315-0003055

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 135 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
DR DAVID S HUNGERFORD

Mailing Address 10715 POT SPRING RD

City State Zip Code
COCKEYSVILLE MD 21030

FEC ID number of contributing
federal political committee.

C

Name of Employer
JOHNS HOPKINS UNIV

Occupation
SURGEON

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M / D D / Y Y Y Y
06 / 17 / 2009

Transaction ID: SA11AI.29961

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)
MRS CINDY HUSHON

Mailing Address 112 HOLLOW RD

City State Zip Code
DELTA PA 17314

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE MII

Occupation
OWNER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
235.00

Date of Receipt

M M / D D / Y Y Y Y
02 / 25 / 2009

Transaction ID: SA11AI.29825

Amount of Each Receipt this Period

235.00

C.

Full Name (Last, First, Middle Initial)
MRS CINDY HUSHON

Mailing Address 112 HOLLOW RD

City State Zip Code
DELTA PA 17314

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE MII

Occupation
OWNER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
355.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2009

Transaction ID: SA11AI.29826

Amount of Each Receipt this Period

120.00

SUBTOTAL of Receipts This Page (optional)

1355.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0002486-0000396
Transaction ID : **SA11AI.29961**

B. Form/Schedule : **SA11AI** 0106487-0000268
Transaction ID : **SA11AI.29825**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.29826**

0106487-0000269

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 138 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS CINDY HUSHON

Mailing Address 112 HOLLOW RD

City

DELTA

State

PA

Zip Code

17314

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE MII

Occupation
OWNER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

475.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.29827

Amount of Each Receipt this Period

120.00

B.

Full Name (Last, First, Middle Initial)

MRS CINDY HUSHON

Mailing Address 112 HOLLOW RD

City

DELTA

State

PA

Zip Code

17314

FEC ID number of contributing
federal political committee.

C

Name of Employer
THE MII

Occupation
OWNER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.29828

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MRS ARLENE INGRAM

Mailing Address 3230 CANON BAY DR

City

CUMMING

State

GA

Zip Code

30041

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRUDENTIAL GA REALTY

Occupation
REAL ESTATE BROKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.30352

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

870.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0106487-0000270
Transaction ID : **SA11AI.29827**

B. Form/Schedule : **SA11AI** 0106487-0000271
Transaction ID : **SA11AI.29828**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30352**

0104841-0000733

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 141 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS ARLENE INGRAM

Mailing Address 3230 CANON BAY DR

City

CUMMING

State

GA

Zip Code

30041

FEC ID number of contributing
federal political committee.

C

Name of Employer
PRUDENTIAL GA REALTY

Occupation

REAL ESTATE BROKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.30353

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MRS LORENA M JAEB

Mailing Address PO BOX 428

City

MANGO

State

FL

Zip Code

33550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.30649

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MRS LORENA M JAEB

Mailing Address PO BOX 428

City

MANGO

State

FL

Zip Code

33550

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.30650

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1525.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0104841-0000734
Transaction ID : **SA11AI.30353**

B. Form/Schedule : **SA11AI** 0103515-0000994
Transaction ID : **SA11AI.30649**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30650**

0103515-0000995

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 144 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

BEVERLY JINKERSON

Mailing Address 315 CORAL SKY LN

City

EL PASO

State

TX

Zip Code

79912

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.32763

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR FLOYD R JUMP, TTE

Mailing Address 350 E HENSCHEN STREET

City

GARNER

State

IA

Zip Code

50438

FEC ID number of contributing
federal political committee.

C

Name of Employer

F & N JUMP TRUSTEES

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.31521

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR FLOYD R JUMP, TTE

Mailing Address 350 E HENSCHEN STREET

City

GARNER

State

IA

Zip Code

50438

FEC ID number of contributing
federal political committee.

C

Name of Employer

F & N JUMP TRUSTEES

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.31522

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0106474-0002917
Transaction ID : **SA11AI.32763**

B. Form/Schedule : **SA11AI** 0103497-0001781
Transaction ID : **SA11AI.31521**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31522**

0103497-0001782

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 147 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR FLOYD R JUMP, TTE

Mailing Address 350 E HENSCHEN STREET

City

GARNER

State

IA

Zip Code

50438

FEC ID number of contributing
federal political committee.

C

Name of Employer
F & N JUMP TRUSTEES

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.31523

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR FLOYD R JUMP, TTE

Mailing Address 350 E HENSCHEN STREET

City

GARNER

State

IA

Zip Code

50438

FEC ID number of contributing
federal political committee.

C

Name of Employer
F & N JUMP TRUSTEES

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.31524

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR H KERKSTRA

Mailing Address 1711 TOURS CT

City

BAKERSFIELD

State

CA

Zip Code

93311

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.33439

Amount of Each Receipt this Period

60.00

SUBTOTAL of Receipts This Page (optional)

260.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0103497-0001783
Transaction ID : **SA11AI.31523**

B. Form/Schedule : **SA11AI** 0103497-0001784
Transaction ID : **SA11AI.31524**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33439**

0103362-0003540

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 150 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR H KERKSTRA

Mailing Address 1711 TOURS CT

City

BAKERSFIELD

State

CA

Zip Code

93311

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.33440

Amount of Each Receipt this Period

60.00

B.

Full Name (Last, First, Middle Initial)

MR H KERKSTRA

Mailing Address 1711 TOURS CT

City

BAKERSFIELD

State

CA

Zip Code

93311

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33441

Amount of Each Receipt this Period

60.00

C.

Full Name (Last, First, Middle Initial)

RON KINCAID

Mailing Address 9871 SELVA WAY

City

ELK GROVE

State

CA

Zip Code

95757

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.33583

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.33440**

0103362-0003541

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.33441**

0103362-0003542

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33583**

0106391-0003671

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 153 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR JOHN S KIRKPATRICK

Mailing Address 13874 BELLA RIVA LN

City

JACKSONVILLE

State

FL

Zip Code

32225

FEC ID number of contributing
federal political committee.

C

Name of Employer
UNIVERSITY OF FLORIDA

Occupation

EDUCATOR/PHYSICIAN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.30541

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MR JACK KNAPP

Mailing Address 2800 PIN OAK LN

City

SANDSTON

State

VA

Zip Code

23150

FEC ID number of contributing
federal political committee.

C

Name of Employer
VAIB

Occupation

EX. DIRECTOR

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.30070

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MRS JEAN KNILANS

Mailing Address PO BOX 624

City

SOUTH BELOIT

State

IL

Zip Code

61080

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.32056

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1300.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0003883-0000910
Transaction ID : **SA11AI.30541**

B. Form/Schedule : **SA11AI** 0010877-0000494
Transaction ID : **SA11AI.30070**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32056**

0013754-0002264

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 156 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR ROBERT L KOLES

Mailing Address 1300 N 130TH AVE

City

FALL CREEK

State

WI

Zip Code

54742

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	2	/	2	0	0	9

Transaction ID: SA11AI.31699

Amount of Each Receipt this Period

150.00

B.

Full Name (Last, First, Middle Initial)

MR JOSEPH L KRAUSE, JR

Mailing Address PO BOX 189

City

WILLCOX

State

AZ

Zip Code

85644

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYEDOccupation
SERVANT OF GOD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	2	5	/	2	0	0	9

Transaction ID: SA11AI.33029

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS J KUK

Mailing Address 32265 WEEPING WILLOW STREET

City

TRABUCO CANYON

State

CA

Zip Code

92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKEROccupation
HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	3	/	2	0	0	9

Transaction ID: SA11AI.33341

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.31699**

0012882-0001941

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.33029**

0103893-0003165

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33341**

0015893-0003445

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 159 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR THOMAS J KUK

Mailing Address 32265 WEEPING WILLOW STREET

City State Zip Code
 TRABUCO CANYON CA 92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 375.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 4 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.33342

Amount of Each Receipt this Period

125.00

B.

Full Name (Last, First, Middle Initial)

MR THOMAS J KUK

Mailing Address 32265 WEEPING WILLOW STREET

City State Zip Code
 TRABUCO CANYON CA 92679

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.33343

Amount of Each Receipt this Period

125.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT LA FLEUR

Mailing Address 2401 OKEMOS DR SE

City State Zip Code
 GRAND RAPIDS MI 49506

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.31482

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1250.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0015893-0003446
Transaction ID : **SA11AI.33342**

B. Form/Schedule : **SA11AI** 0015893-0003447
Transaction ID : **SA11AI.33343**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31482**

0106854-0001741

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 162 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR ROBERT LAKE

Mailing Address 2721 18TH ST

City

BAKERSFIELD

State

CA

Zip Code

93301

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	0	9

Transaction ID: SA11AI.33435

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MS CLAIR LEAMAN

Mailing Address 4 MOCCASIN DR

City

ATGLEN

State

PA

Zip Code

19310

FEC ID number of contributing
federal political committee.

C

Name of Employer

SEF

Occupation

SALES EXECUTIVE

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	9

Transaction ID: SA11AI.29883

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

DR JACK W LESH

Mailing Address 34 SILVERSTRAND PLACE

City

THE WOODLANDS

State

TX

Zip Code

77381

FEC ID number of contributing
federal political committee.

C

Name of Employer

LIGHTHOUSE HOSPICE

Occupation

FAMILY PHYSICIAN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		1	5		2	0	0	9

Transaction ID: SA11AI.32607

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0009387-0003535
Transaction ID : **SA11AI.33435**

B. Form/Schedule : **SA11AI** 0101880-0000320
Transaction ID : **SA11AI.29883**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32607**

0020241-0002768

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 165 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
DR JACK W LESCH

Mailing Address **34 SILVERSTRAND PLACE**

City State Zip Code
THE WOODLANDS TX 77381

FEC ID number of contributing
federal political committee.

C

Name of Employer
LIGHTHOUSE HOSPICE

Occupation
FAMILY PHYSICIAN

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

06 / 30 / 2009

Transaction ID: SA11AI.32608

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)
MS JANET E LEVY

Mailing Address **1142 SOMERA RD**

City State Zip Code
LOS ANGELES CA 90077

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation
POLITICAL ACTIVIST

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

02 / 04 / 2009

Transaction ID: SA11AI.33106

Amount of Each Receipt this Period

2500.00

C.

Full Name (Last, First, Middle Initial)
GARY W LOCKE, JR

Mailing Address **2602 BOOGER HILL RD**

City State Zip Code
DANIELSVILLE GA 30633

FEC ID number of contributing
federal political committee.

C

Name of Employer
US NAVY / STATE OF GA

Occupation
RETIRED

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

06 / 15 / 2009

Transaction ID: SA11AI.30479

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

2800.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32608**

0020241-0002769

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33106**

0103047-0003231

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30479**

0102864-0000851

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 168 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR WOODROW WILSON LONG, III

Mailing Address 1570 HUNTINGDON TRL

City

ATLANTA

State

GA

Zip Code

30350

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIR QUALITY SCIENCES

Occupation

DIRECTOR BUSINESS DEVELOPMENT

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 7 / 2 0 0 9

Transaction ID: SA11AI.30452

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MR WOODROW WILSON LONG, III

Mailing Address 1570 HUNTINGDON TRL

City

ATLANTA

State

GA

Zip Code

30350

FEC ID number of contributing
federal political committee.

C

Name of Employer
AIR QUALITY SCIENCES

Occupation

DIRECTOR BUSINESS DEVELOPMENT

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.30453

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MR RONALD E LORD

Mailing Address 4838 CLIFFSIDE DR

City

WEST BLOOMFIELD

State

MI

Zip Code

48323

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMERICAN PRINTING SERVICES

Occupation

SALES

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.31364

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

700.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0101636-0000827
Transaction ID : **SA11AI.30452**

B. Form/Schedule : **SA11AI** 0101636-0000828
Transaction ID : **SA11AI.30453**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31364**

0100983-0001633

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 171 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR DAVID W LOZIER, JR

Mailing Address 7420 WESTERFIELD RD

City

LYNDEN

State

WA

Zip Code

98264

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

LOZIER HOMES CORP

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.33798

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

MR JAMES LUDINGTON

Mailing Address 733 ASBURY RD

City

TROUTVILLE

State

VA

Zip Code

24175

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARISE AMERICA MINISTRIES

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.30089

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR JAMES LUDINGTON

Mailing Address 733 ASBURY RD

City

TROUTVILLE

State

VA

Zip Code

24175

FEC ID number of contributing
federal political committee.

C

Name of Employer
ARISE AMERICA MINISTRIES

Occupation

EXECUTIVE DIRECTOR

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.30090

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

2125.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0100300-0003869
Transaction ID : **SA11AI.33798**

B. Form/Schedule : **SA11AI** 0106389-0000511
Transaction ID : **SA11AI.30089**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30090**

0106389-0000512

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 174 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MAJ JAMES P LUKE

Mailing Address 4273 BRISTOL DR

City

DAYTON

State

OH

Zip Code

45440

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAF

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.31155

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MAJ JAMES P LUKE

Mailing Address 4273 BRISTOL DR

City

DAYTON

State

OH

Zip Code

45440

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAF

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.31156

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR THOMAS J MANNING

Mailing Address 2317 BRIGHTON DR

City

LOUISVILLE

State

KY

Zip Code

40205

FEC ID number of contributing
federal political committee.

C

Name of Employer
MANNINGS PAIN & BODY SHOP
INC

Occupation

AUTO BODY REPAIRMAN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.30961

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0101785-0001445
Transaction ID : **SA11AI.31155**

B. Form/Schedule : **SA11AI** 0101785-0001446
Transaction ID : **SA11AI.31156**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30961**

0047833-0001275

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 177 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR JAMES MATHEW

Mailing Address 10576 DASON DR

City

BOISE

State

ID

Zip Code

83704

FEC ID number of contributing
federal political committee.

C

Name of Employer
MICRON TECHNOLOGYOccupation
ENGINEER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	6		2	0	0	9

Transaction ID: SA11AI.32944

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

JOHN M MATOVICH

Mailing Address 555 HARNESS RD

City

MONUMENT

State

CO

Zip Code

80132

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECDOccupation
INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		0	9		2	0	0	9

Transaction ID: SA11AI.32801

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

JOHN M MATOVICH

Mailing Address 555 HARNESS RD

City

MONUMENT

State

CO

Zip Code

80132

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECDOccupation
INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	2		2	0	0	9

Transaction ID: SA11AI.32802

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

500.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0101158-0003086
Transaction ID : **SA11AI.32944**

B. Form/Schedule : **SA11AI** 0106326-0002951
Transaction ID : **SA11AI.32801**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32802**

0106326-0002952

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 180 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

DR JON TOM MCANEAR

Mailing Address 306 ZORNIA DR

City

SAN ANTONIO

State

TX

Zip Code

78213

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.32655

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MS CHARLEEN M MCBRAYER

Mailing Address 5098 POST OAK TRITT RD NE

City

ROSWELL

State

GA

Zip Code

30075

FEC ID number of contributing
federal political committee.

C

Name of Employer
COMPREHENSIVE COMPUTER CO-
NSULTING I

Occupation
CEO/OWNER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.30376

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MR ROBERT MCCLELLAN

Mailing Address 15 WILDHAWK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCCLELLAN NICHOLS SPORTS
SYNDICATE

Occupation
SPORTS ATTORNEY

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.33279

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0102083-0002814
Transaction ID : **SA11AI.32655**

B. Form/Schedule : **SA11AI** 0099800-0000756
Transaction ID : **SA11AI.30376**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33279**

0106374-0003383

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 183 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR ROBERT MCCLELLAN

Mailing Address 15 WILDHAWK

City

IRVINE

State

CA

Zip Code

92603

FEC ID number of contributing
federal political committee.

C

Name of Employer
MCCLELLAN NICHOLS SPORTS
SYNDICATE

Occupation

SPORTS ATTORNEY

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33280

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

LAWRENCE G MCCONNELL

Mailing Address 6960 CITRUS DR

City

SEMINOLE

State

FL

Zip Code

33772

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

PASTOR

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.30664

Amount of Each Receipt this Period

120.00

C.

Full Name (Last, First, Middle Initial)

LEE I MCCUTCHAN

Mailing Address 712 WATERFALL DR

City

CLAYTON

State

GA

Zip Code

30525

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.30473

Amount of Each Receipt this Period

900.00

SUBTOTAL of Receipts This Page (optional)

1120.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0106374-0003384
Transaction ID : **SA11AI.33280**

B. Form/Schedule : **SA11AI** 0103189-0001008
Transaction ID : **SA11AI.30664**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30473**

0106934-0000845

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 186 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MAE E MCKINLEY

Mailing Address 515 11TH AVENUE

City

MINOT

State

ND

Zip Code

58703

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.31926

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MAE E MCKINLEY

Mailing Address 515 11TH AVENUE

City

MINOT

State

ND

Zip Code

58703

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.31927

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR MATTHEW MCLELLAND

Mailing Address PO BOX 353

City

LOOKOUT MOUNTAIN

State

TN

Zip Code

37350

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.30826

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

350.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0101794-0002144
Transaction ID : **SA11AI.31926**

B. Form/Schedule : **SA11AI** 0101794-0002145
Transaction ID : **SA11AI.31927**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30826**

0105669-0001160

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 189 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

ALEX MCMICHAEL

Mailing Address 590 BRIARMEADE DR SW

City

MARIETTA

State

GA

Zip Code

30064

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

299.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.30364

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR CALVIN D MEINDERS

Mailing Address 1240 170TH ST

City

PELLA

State

IA

Zip Code

50219

FEC ID number of contributing
federal political committee.

C

Name of Employer

VERMEER CORP

Occupation

ENGINEER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.31517

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MS RUTH A MERILLAT

Mailing Address 860 RICHLYN DR

City

ADRIAN

State

MI

Zip Code

49221

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.31437

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5600.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0105892-0000744
Transaction ID : **SA11AI.30364**

B. Form/Schedule : **SA11AI** 0103088-0001777
Transaction ID : **SA11AI.31517**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31437**

0097348-0001702

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 192 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS RUTH MERRITT

Mailing Address 1675 SUGARLOAF CLUB DR

City

DULUTH

State

GA

Zip Code

30097

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

COUNSELOR

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.30388

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

DEBBIE MILLER, MD

Mailing Address 3437 COUNTY ROAD 959

City

LOUDONVILLE

State

OH

Zip Code

44842

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.31098

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

DEBBIE MILLER, MD

Mailing Address 3437 COUNTY ROAD 959

City

LOUDONVILLE

State

OH

Zip Code

44842

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.31099

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

600.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0106689-0000766
Transaction ID : **SA11AI.30388**

B. Form/Schedule : **SA11AI** 0096741-0001396
Transaction ID : **SA11AI.31098**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31099**

0096741-0001397

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 195 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR LESLIE A MILLER

Mailing Address 1821 E CALLE DEL VASO

City

ORO VALLEY

State

AZ

Zip Code

85737

FEC ID number of contributing
federal political committee.

C

Name of Employer
CONCEPT 100 REALTY

Occupation

HOUSEWIFE /REALTOR

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: SA11AI.33038

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM T MILLS, III

Mailing Address PO BOX 52592

City

LAFAYETTE

State

LA

Zip Code

70505

FEC ID number of contributing
federal political committee.

C

Name of Employer
MPW PROPERTIES

Occupation

SELF

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: SA11AI.32307

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MRS VIOLA MITCHELL

Mailing Address PO BOX 388

City

GLENDAVE

State

MT

Zip Code

59330

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

EVERETT

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	3		2	0	0	9

Transaction ID: SA11AI.31947

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2250.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0101137-0003175
Transaction ID : **SA11AI.33038**

B. Form/Schedule : **SA11AI** 0090913-0002491
Transaction ID : **SA11AI.32307**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31947**

0036305-0002164

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 198 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR GERALD NELSON

Mailing Address 8492 N MAPLE COURT

City

ZEELAND

State

MI

Zip Code

49464

FEC ID number of contributing
federal political committee.

C

Name of Employer
REQUEST FOODS- INC.

Occupation

COST ANALYST

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.31480

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MRS NORMA C NELSON

Mailing Address 1020 OAK TERRACE DR

City

NORTH MANKATO

State

MN

Zip Code

56003

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.31836

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN E NEWBY

Mailing Address 1131 OVERTON CT

City

NAPERVILLE

State

IL

Zip Code

60540

FEC ID number of contributing
federal political committee.

C

Name of Employer
HEWLETT PACKARD

Occupation

PROGRAM MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.32042

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1000.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0106612-0001739
Transaction ID : **SA11AI.31480**

B. Form/Schedule : **SA11AI** 0035892-0002061
Transaction ID : **SA11AI.31836**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32042**

0103342-0002250

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 201 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR JOHN NICHOLS, JR

Mailing Address 1654 LA JOLLA RANCHO RD

City

LA JOLLA

State

CA

Zip Code

92037

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.33207

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR STEVE NOVARRO

Mailing Address 712 N GARFIELD AVE

City

ALHAMBRA

State

CA

Zip Code

91801

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF-EMPLOYED

Occupation
REAL ESTATE INVESTOR

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.33193

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MRS HELEN I NOWAKOWSKI

Mailing Address 99 WHITEHALL AVE

City

ALIQUIPPA

State

PA

Zip Code

15001

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.29750

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0105158-0003320
Transaction ID : **SA11AI.33207**

B. Form/Schedule : **SA11AI** 0013882-0003306
Transaction ID : **SA11AI.33193**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.29750**

0042302-0000205

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 204 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

REV DENNIS O'NEILL

Mailing Address 116 RIDGE RD

City

RUTHERFORD

State

NJ

Zip Code

07070

FEC ID number of contributing
federal political committee.

C

Name of Employer

INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.29627

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DRIVE

City

HILTON HEAD ISLAND

State

SC

Zip Code

29926

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENGINEERED SYSTEMS

Occupation

ENGINEER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.30342

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JAY R OWEN

Mailing Address 35 CYPRESS MARSH DRIVE

City

HILTON HEAD ISLAND

State

SC

Zip Code

29926

FEC ID number of contributing
federal political committee.

C

Name of Employer

ENGINEERED SYSTEMS

Occupation

ENGINEER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.30343

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

300.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0098593-0000095
Transaction ID : **SA11AI.29627**

B. Form/Schedule : **SA11AI** 0031336-0000723
Transaction ID : **SA11AI.30342**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30343**

0031336-0000724

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 207 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR ALAN M PARK

Mailing Address 2193 RIDGEPOINTE CT

City State Zip Code
WALNUT CREEK CA 94596

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRIMBLE NAVIGATION LTD

Occupation
SALES MANAGER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.33493

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)
MR ALAN M PARK

Mailing Address 2193 RIDGEPOINTE CT

City State Zip Code
WALNUT CREEK CA 94596

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRIMBLE NAVIGATION LTD

Occupation
SALES MANAGER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
275.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33494

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)
MR ALAN M PARK

Mailing Address 2193 RIDGEPOINTE CT

City State Zip Code
WALNUT CREEK CA 94596

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRIMBLE NAVIGATION LTD

Occupation
SALES MANAGER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.33495

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

250.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0104554-0003590
Transaction ID : **SA11AI.33493**

B. Form/Schedule : **SA11AI** 0104554-0003591
Transaction ID : **SA11AI.33494**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33495**

0104554-0003592

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 210 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR ALAN M PARK

Mailing Address 2193 RIDGEPOINTE CT

City

WALNUT CREEK

State

CA

Zip Code

94596

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRIMBLE NAVIGATION LTD

Occupation

SALES MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.33496

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR ALAN M PARK

Mailing Address 2193 RIDGEPOINTE CT

City

WALNUT CREEK

State

CA

Zip Code

94596

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRIMBLE NAVIGATION LTD

Occupation

SALES MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.33497

Amount of Each Receipt this Period

25.00

C.

Full Name (Last, First, Middle Initial)

MR ALAN M PARK

Mailing Address 2193 RIDGEPOINTE CT

City

WALNUT CREEK

State

CA

Zip Code

94596

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRIMBLE NAVIGATION LTD

Occupation

SALES MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.33498

Amount of Each Receipt this Period

25.00

SUBTOTAL of Receipts This Page (optional)

150.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.33496**

0104554-0003593

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.33497**

0104554-0003594

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33498**

0104554-0003595

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 213 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR ALAN M PARK

Mailing Address 2193 RIDGEPOINTE CT

City

WALNUT CREEK

State

CA

Zip Code

94596

FEC ID number of contributing
federal political committee.

C

Name of Employer
TRIMBLE NAVIGATION LTD

Occupation

SALES MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 7 / 2 0 0 9

Transaction ID: SA11AI.33499

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MRS KATRINKA PARRY

Mailing Address 340 KNOLL CREEK CIR

City

CHATTANOOGA

State

TN

Zip Code

37415

FEC ID number of contributing
federal political committee.

C

Name of Employer
MAA

Occupation

CONTROLLER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.30843

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

ROBERT PASSWATERS

Mailing Address 160 WILLOW PLACE S

City

BROOMFIELD

State

CO

Zip Code

80020

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.32771

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0104554-0003596
Transaction ID : **SA11AI.33499**

B. Form/Schedule : **SA11AI** 0106674-0001178
Transaction ID : **SA11AI.30843**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32771**

0106551-0002925

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 216 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS PAULA PAYNE

Mailing Address PO BOX 62681

City

COLORADO SPRINGS

State

CO

Zip Code

80962

FEC ID number of contributing
federal political committee.

C

Name of Employer
CMS-INC

Occupation

SECRETARY

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.32901

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

SCOTT PEOTTER

Mailing Address 17305 VON KARMAN AVE

City

IRVINE

State

CA

Zip Code

92614

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

ARCHITECT

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33285

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MR JAY L PETERS

Mailing Address 3811 DARWIN RD

City

DURHAM

State

NC

Zip Code

27707

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.30172

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0105708-0003045
Transaction ID : **SA11AI.32901**

B. Form/Schedule : **SA11AI** 0106625-0003389
Transaction ID : **SA11AI.33285**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30172**

0001324-0000583

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 219 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

NANCY PHARRIS, TTE

Mailing Address 130 S EL DORADO LANE

City

ANAHEIM

State

CA

Zip Code

92807

FEC ID number of contributing
federal political committee.

C

Name of Employer
LYTLE DEVELOPMENT

Occupation

LAND DEVELOPER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.33372

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

NANCY PHARRIS, TTE

Mailing Address 130 S EL DORADO LANE

City

ANAHEIM

State

CA

Zip Code

92807

FEC ID number of contributing
federal political committee.

C

Name of Employer
LYTLE DEVELOPMENT

Occupation

LAND DEVELOPER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.33373

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MR JAMES S PHILLIPS

Mailing Address 1476 KELSO BLVD

City

WINDERMERE

State

FL

Zip Code

34786

FEC ID number of contributing
federal political committee.

C

Name of Employer
CERTI-FINE FRUIT CO INC

Occupation

CITRUS GROWER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.30709

Amount of Each Receipt this Period

150.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0103953-0003474
Transaction ID : **SA11AI.33372**

B. Form/Schedule : **SA11AI** 0103278-0003476
Transaction ID : **SA11AI.33373**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30709**

0011922-0001047

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 222 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

BILL POOLE

Mailing Address 1124 SANDY RIDGE ROAD

City

MONROE

State

NC

Zip Code

28112

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.30199

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

BILL POOLE

Mailing Address 1124 SANDY RIDGE ROAD

City

MONROE

State

NC

Zip Code

28112

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.30200

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR ALLEN L PRICE

Mailing Address 1503 FLOYD DR

City

SAN ANGELO

State

TX

Zip Code

76904

FEC ID number of contributing
federal political committee.

C

Name of Employer
SMITH- ROSE- ETAL

Occupation
ATTORNEY

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.32571

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.30199**

0102832-0000609

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.30200**

0102832-0000610

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32571**

0007785-0002732

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 225 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR ROGER W PRYOR

Mailing Address 5040 BEVIL ST

City

SACRAMENTO

State

CA

Zip Code

95819

FEC ID number of contributing
federal political committee.

C

Name of Employer
LAKESIDE CLAIFORNIA

Occupation

CONSTRUCTION ESTIMATOR

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.33586

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MRS ANN L QUEST

Mailing Address 5609 URSULA LN

City

DALLAS

State

TX

Zip Code

75229

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

NOT EMPLOYED

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 3 / 2 0 0 9

Transaction ID: SA11AI.32498

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MRS ANN L QUEST

Mailing Address 5609 URSULA LN

City

DALLAS

State

TX

Zip Code

75229

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

NOT EMPLOYED

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1100.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.32499

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1400.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0008920-0003674
Transaction ID : **SA11AI.33586**

B. Form/Schedule : **SA11AI** 0104196-0002668
Transaction ID : **SA11AI.32498**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32499**

0104196-0002669

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 228 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS ANN L QUEST

Mailing Address 5609 URSULA LN

City

DALLAS

State

TX

Zip Code

75229

FEC ID number of contributing
federal political committee.

C

Name of Employer
NONE

Occupation

NOT EMPLOYED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	0	9

Transaction ID: SA11AI.32500

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR KENNETH RACKE

Mailing Address 38 BITTERSWEET DR

City

ALEXANDRIA

State

KY

Zip Code

41001

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation

INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	5		2	0	0	9

Transaction ID: SA11AI.30990

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR STEVEN RAKHSHANI

Mailing Address 21312 BRETON LN

City

HUNTINGTON BEACH

State

CA

Zip Code

92646

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

CONSULTANT

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	2		2	0	0	9

Transaction ID: SA11AI.33307

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

400.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0104196-0002670
Transaction ID : **SA11AI.32500**

B. Form/Schedule : **SA11AI** 0106747-0001297
Transaction ID : **SA11AI.30990**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33307**

0099295-0003408

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 231 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS KATRINA HOFF RAUSCH

Mailing Address 210 DEMERS LN

City

POLSON

State

MT

Zip Code

59860

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.31970

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR JEFFREY F REED

Mailing Address PO BOX 201

City

HICKORY GROVE

State

SC

Zip Code

29717

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUKE POWER COMPANY

Occupation

ENGINEER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.30318

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR JEFFREY F REED

Mailing Address PO BOX 201

City

HICKORY GROVE

State

SC

Zip Code

29717

FEC ID number of contributing
federal political committee.

C

Name of Employer
DUKE POWER COMPANY

Occupation

ENGINEER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.30319

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0051716-0002185
Transaction ID : **SA11AI.31970**

B. Form/Schedule : **SA11AI** 0011547-0000703
Transaction ID : **SA11AI.30318**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30319**

0011547-0000704

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 234 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR MIKE D RISINGER

Mailing Address 421 E GREENWOOD ST

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
LAWYER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.32080

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MR MIKE D RISINGER

Mailing Address 421 E GREENWOOD ST

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
LAWYER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 1 / 2 0 0 9

Transaction ID: SA11AI.32081

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MR MIKE D RISINGER

Mailing Address 421 E GREENWOOD ST

City

MORTON

State

IL

Zip Code

61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
LAWYER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 2 8 / 2 0 0 9

Transaction ID: SA11AI.32082

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.32080**

0103251-0002286

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.32081**

0103251-0002287

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32082**

0103251-0002288

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 237 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR MIKE D RISINGER

Mailing Address **421 E GREENWOOD ST**

City State Zip Code
MORTON IL 61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
LAWYER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

05 / 10 / 2009

Transaction ID: SA11AI.32083

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)
MR MIKE D RISINGER

Mailing Address **421 E GREENWOOD ST**

City State Zip Code
MORTON IL 61550

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
LAWYER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1600.00

Date of Receipt

06 / 20 / 2009

Transaction ID: SA11AI.32084

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)
MR JEFFERY ROBILLARD

Mailing Address **5028 LONGVIEW CT**

City State Zip Code
WEDDINGTON NC 28104

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACUMED

Occupation
SALES MANAGER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

01 / 20 / 2009

Transaction ID: SA11AI.30190

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0103251-0002289
Transaction ID : **SA11AI.32083**

B. Form/Schedule : **SA11AI** 0103251-0002290
Transaction ID : **SA11AI.32084**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30190**

0103053-0000599

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 240 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR JEFFERY ROBILLARD

Mailing Address 5028 LONGVIEW CT

City

WEDDINGTON

State

NC

Zip Code

28104

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACUMED

Occupation

SALES MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.30191

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MR JEFFERY ROBILLARD

Mailing Address 5028 LONGVIEW CT

City

WEDDINGTON

State

NC

Zip Code

28104

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACUMED

Occupation

SALES MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.30192

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR JEFFERY ROBILLARD

Mailing Address 5028 LONGVIEW CT

City

WEDDINGTON

State

NC

Zip Code

28104

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACUMED

Occupation

SALES MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1060.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 2 9 / 2 0 0 9

Transaction ID: SA11AI.30193

Amount of Each Receipt this Period

160.00

SUBTOTAL of Receipts This Page (optional)

760.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.30191**

0103053-0000600

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.30192**

0103053-0000601

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30193**

0103053-0000602

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 243 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR JEFFERY ROBILLARD

Mailing Address 5028 LONGVIEW CT

City

WEDDINGTON

State

NC

Zip Code

28104

FEC ID number of contributing
federal political committee.

C

Name of Employer
ACUMED

Occupation

SALES MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1160.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.30194

Amount of Each Receipt this Period

100.00

B.

Full Name (Last, First, Middle Initial)

MRS LYNN POST ROBINSON

Mailing Address 1315 PONAPE BLVD

City

YIGO

State

GU

Zip Code

96929

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.33626

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MRS CAROL ROHANE

Mailing Address 7620 SOUTHWOOD DR

City

AMARILLO

State

TX

Zip Code

79119

FEC ID number of contributing
federal political committee.

C

Name of Employer
AMARILLO ISD

Occupation

TEACHER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.32730

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

1600.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0103053-0000603
Transaction ID : **SA11AI.30194**

B. Form/Schedule : **SA11AI** 0105215-0003712
Transaction ID : **SA11AI.33626**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32730**

0106484-0002886

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 246 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MR THOMAS ROSE

Mailing Address **6740 WOODMERE CIR**

City State Zip Code
INDIANAPOLIS IN 46260

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
CONSULTANT

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

06 / 29 / 2009

Transaction ID: SA11AI.31228

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)
MRS SHARON E RUFF

Mailing Address **6503 S AVALON AVE**

City State Zip Code
SIOUX FALLS SD 57108

FEC ID number of contributing
federal political committee.

C

Name of Employer
**SPENCER RUFF ASSOCIATES
 INC**

Occupation
OFFICE MAN

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

06 / 22 / 2009

Transaction ID: SA11AI.31897

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)
MRS NANCY S SAMPSON

Mailing Address **9614 PARKWOOD CT**

City State Zip Code
FORT MYERS FL 33908

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation
HOMEMAKER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

03 / 16 / 2009

Transaction ID: SA11AI.30680

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

850.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0106888-0001509
Transaction ID : **SA11AI.31228**

B. Form/Schedule : **SA11AI** 0104236-0002117
Transaction ID : **SA11AI.31897**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30680**

0011361-0001022

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 249 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS NANCY S SAMPSON

Mailing Address 9614 PARKWOOD CT

City

FORT MYERS

State

FL

Zip Code

33908

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.30681

Amount of Each Receipt this Period

300.00

B.

Full Name (Last, First, Middle Initial)

MRS KIMERA J SAUNDERS

Mailing Address 3150 AVENUE E

City

BILLINGS

State

MT

Zip Code

59102

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.31940

Amount of Each Receipt this Period

300.00

C.

Full Name (Last, First, Middle Initial)

MRS TERESA A SCHAEFER

Mailing Address 1003 WRIGHT ST

City

PLEASANT HILL

State

MO

Zip Code

64080

FEC ID number of contributing
federal political committee.

C

Name of Employer
SANOFI - AVENTIS US

Occupation

SUPPLY CHAIN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.32182

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

900.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.30681**

0011361-0001023

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.31940**

0006289-0002156

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32182**

0006928-0002378

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 252 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MS SUSAN KAY SCHALON

Mailing Address 5694 FOREST GLEN DR SE

City

ADA

State

MI

Zip Code

49301

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.31438

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MYRA SCHLIESING

Mailing Address PO BOX 769

City

GLENNALLEN

State

AK

Zip Code

99588

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

BOOKEEPER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.33884

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

MYRA SCHLIESING

Mailing Address PO BOX 769

City

GLENNALLEN

State

AK

Zip Code

99588

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

BOOKEEPER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.33885

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0058891-0001704
Transaction ID : **SA11AI.31438**

B. Form/Schedule : **SA11AI** 0105002-0003947
Transaction ID : **SA11AI.33884**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33885**

0105002-0003948

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 255 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
MYRA SCHLIESING

Mailing Address PO BOX 769

City State Zip Code
GLENNALLEN AK 99588

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
BOOKEEPER

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33886

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)
MR BOB SCHMIDT

Mailing Address 13714 VINERY LN

City State Zip Code
CYPRESS TX 77429

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
INVESTOR

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 4 / 2 0 0 9

Transaction ID: SA11AI.32611

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)
MICHAEL SCHNEIDER

Mailing Address PO BOX 871209

City State Zip Code
STONE MOUNTAIN GA 30087

FEC ID number of contributing
federal political committee.

C

Name of Employer
DEKALB ANESTHESIA ASSOCIA-
TES

Occupation
PHYSICIAN

Receipt For: 2009
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 4 / 2 0 0 9

Transaction ID: SA11AI.30385

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

800.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33886**

0105002-0003949

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32611**

0102226-0002772

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30385**

0105199-0000763

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 258 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR CHARLES J SCHREIBER, JR

Mailing Address 27091 HIDDEN TRAIL RD

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

REAL ESTATE INVESTER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.33312

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

MRS JILL K SCHREIBER

Mailing Address 27091 HIDDEN TRAIL RD

City

LAGUNA HILLS

State

CA

Zip Code

92653

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 0 / 2 0 0 9

Transaction ID: SA11AI.33313

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

DR WILLIAM SCOTT

Mailing Address 3061 E ARM RD

City

ELY

State

MN

Zip Code

55731

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYED

Occupation

DENTIST

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.31820

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

10250.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0001011-0003414
Transaction ID : **SA11AI.33312**

B. Form/Schedule : **SA11AI** 0092564-0003416
Transaction ID : **SA11AI.33313**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31820**

0079539-0002046

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 261 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR THOMAS M SEAVER

Mailing Address 2886 EASTWOOD DR

City

KIMBALL

State

MI

Zip Code

48074

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation

RETIRED TEACHER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.31321

Amount of Each Receipt this Period

270.00

B.

Full Name (Last, First, Middle Initial)

MR GARY J SELF

Mailing Address 8508 YORKSHIRE DR

City

ORANGE

State

TX

Zip Code

77632

FEC ID number of contributing
federal political committee.

C

Name of Employer
WAL-MART

Occupation

PHARMACIST

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.32636

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MR JEFFREY A SIMON

Mailing Address 471 OLD FARM LN

City

MONTGOMERY

State

AL

Zip Code

36116

FEC ID number of contributing
federal political committee.

C

Name of Employer
MONTGOMERY AL

Occupation

PEDIATRICIAN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.30772

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

620.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0012537-0001590
Transaction ID : **SA11AI.31321**

B. Form/Schedule : **SA11AI** 0013298-0002797
Transaction ID : **SA11AI.32636**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30772**

0003534-0001109

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 264 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR RANDALL SKOV

Mailing Address 115 TALL TIMBER CT

City

FAYETTEVILLE

State

GA

Zip Code

30215

FEC ID number of contributing
federal political committee.

C

Name of Employer
US AIR FORCE

Occupation

WEATHER OFFICER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.30423

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MR RANDALL SKOV

Mailing Address 115 TALL TIMBER CT

City

FAYETTEVILLE

State

GA

Zip Code

30215

FEC ID number of contributing
federal political committee.

C

Name of Employer
US AIR FORCE

Occupation

WEATHER OFFICER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.30424

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MRS SYLVIA SLIFKO

Mailing Address 9143 COAL BANK RD

City

MARSHALLVILLE

State

OH

Zip Code

44645

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.31090

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

5100.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.30423**

0014942-0000801

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.30424**

0014942-0000802

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31090**

0097722-0001389

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 267 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR WILLIAM R SMITH, JR

Mailing Address 10610 W ROSEWOOD DR

City

AVONDALE

State

AZ

Zip Code

85392

FEC ID number of contributing
federal political committee.

C

Name of Employer
USAF

Occupation
AVIONICS

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.33020

Amount of Each Receipt this Period

25.00

B.

Full Name (Last, First, Middle Initial)

MS LONETTE SOLIS

Mailing Address 1909 BUCKTHORN LN

City

RESTON

State

VA

Zip Code

20191

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHROP GRUMMAN

Occupation
ADMINISTRATIVE ASSISTANT

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.29948

Amount of Each Receipt this Period

50.00

C.

Full Name (Last, First, Middle Initial)

MS LONETTE SOLIS

Mailing Address 1909 BUCKTHORN LN

City

RESTON

State

VA

Zip Code

20191

FEC ID number of contributing
federal political committee.

C

Name of Employer
NORTHROP GRUMMAN

Occupation
ADMINISTRATIVE ASSISTANT

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 5 / 2 0 0 9

Transaction ID: SA11AI.29949

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0103907-0003155
Transaction ID : **SA11AI.33020**

B. Form/Schedule : **SA11AI** 0103894-0000383
Transaction ID : **SA11AI.29948**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.29949**

0103894-0000384

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 270 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR JEFFREY L SPONSELLER

Mailing Address 7320 LOMA VISTA RD

City

VENTURA

State

CA

Zip Code

93003

FEC ID number of contributing
federal political committee.

C

Name of Employer
M&M MANAGEMENT

Occupation
VP OF HR

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: SA11AI.33394

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

MS DIANE R SPRADLIN

Mailing Address 5636 ENCORE DR

City

DALLAS

State

TX

Zip Code

75240

FEC ID number of contributing
federal political committee.

C

Name of Employer
EDS FNDN

Occupation
SEMI RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.32507

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MRS JAMES R STADLER

Mailing Address 314 WALNUT DR

City

NASHVILLE

State

TN

Zip Code

37205

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOUSEWIFE

Occupation
HOUSEWIFE

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.30816

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

3250.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0015204-0003498
Transaction ID : **SA11AI.33394**

B. Form/Schedule : **SA11AI** 0103857-0002676
Transaction ID : **SA11AI.32507**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30816**

0019059-0001150

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 273 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS HELEN A STEFELY

Mailing Address 941 S EUCLID AVE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.32006

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MRS HELEN A STEFELY

Mailing Address 941 S EUCLID AVE

City

ELMHURST

State

IL

Zip Code

60126

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.32007

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MRS TAMMY E STEINBERG

Mailing Address 101 WINDINGHAM DR NW

City

HUNTSVILLE

State

AL

Zip Code

35806

FEC ID number of contributing
federal political committee.

C

Name of Employer
HARRO APOTHERAPY

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.30761

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

1100.00

TOTAL This Period (last page this line number only)

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.32006**

0006449-0002216

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.32007**

0006449-0002217

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30761**

0011951-0001097

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 276 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR FRED T STIMPSON

Mailing Address 15 HILLWOOD RD

City

MOBILE

State

AL

Zip Code

36608

FEC ID number of contributing
federal political committee.

C

Name of Employer
GULF LUMBER COMPANY

Occupation
PRESIDENT

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.30792

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR GEORGE EDWARD SUITER

Mailing Address 2025 LAMBERT CT

City

PLANO

State

TX

Zip Code

75075

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 0 2 / 2 0 0 9

Transaction ID: SA11AI.32460

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MR GEORGE EDWARD SUITER

Mailing Address 2025 LAMBERT CT

City

PLANO

State

TX

Zip Code

75075

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.32461

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)

1750.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0106694-0001130
Transaction ID : **SA11AI.30792**

B. Form/Schedule : **SA11AI** 0102421-0002632
Transaction ID : **SA11AI.32460**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32461**

0102421-0002633

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 279 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR GEORGE EDWARD SUTER

Mailing Address 2025 LAMBERT CT

City

PLANO

State

TX

Zip Code

75075

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 9 / 2 0 0 9

Transaction ID: SA11AI.32462

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MR GEORGE SUTER

Mailing Address 2580 GREENWOOD ACRES DR

City

DEKALB

State

IL

Zip Code

60115

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y
0 1 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.32005

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR MARK SWISHER

Mailing Address 24902 N POINT PL

City

KATY

State

TX

Zip Code

77494

FEC ID number of contributing
federal political committee.

C

Name of Employer
AVIARA ENERGY CORPORATION

Occupation
ENGINEER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 5 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.32620

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

1550.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0102421-0002634
Transaction ID : **SA11AI.32462**

B. Form/Schedule : **SA11AI** 0032429-0002214
Transaction ID : **SA11AI.32005**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32620**

0048257-0002782

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 282 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR MARK SWISHER

Mailing Address 24902 N POINT PL

City

KATY

State

TX

Zip Code

77494

FEC ID number of contributing
federal political committee.

C

Name of Employer
AVIARA ENERGY CORPORATION

Occupation
ENGINEER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 5 / 2 0 0 9

Transaction ID: SA11AI.32621

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

DR JAMES P SYVRUD

Mailing Address 4301 SATURN RD STE 201

City

GARLAND

State

TX

Zip Code

75041

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.32426

Amount of Each Receipt this Period

200.00

C.

Full Name (Last, First, Middle Initial)

DR VICTORIA B TEAGUE

Mailing Address 100 RIVER HOLLOW CT

City

DULUTH

State

GA

Zip Code

30097

FEC ID number of contributing
federal political committee.

C

Name of Employer
PEDIATRIC ASSOC OF JOHNS
CREEK

Occupation
PHYSICIAN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.30390

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

450.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0048257-0002783
Transaction ID : **SA11AI.32621**

B. Form/Schedule : **SA11AI** 0106513-0002597
Transaction ID : **SA11AI.32426**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30390**

0003324-0000769

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 285 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS CAROL D TEODORO

Mailing Address 3008 E BAY DR NW

City

GIG HARBOR

State

WA

Zip Code

98335

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUTOMATED SYSTEMS OF TACO-
MA

Occupation

DON-ENGINEER CAROL-HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.33810

Amount of Each Receipt this Period

420.00

B.

Full Name (Last, First, Middle Initial)

MR DONALD J TEODORO

Mailing Address 3008 E BAY DR NW

City

GIG HARBOR

State

WA

Zip Code

98335

FEC ID number of contributing
federal political committee.

C

Name of Employer

AUTOMATED SYSTEMS OF TACO-
MA

Occupation

CHIEF ENGINEER

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33811

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MRS ELOISE W TERRY

Mailing Address 2825 BLOOMFIELD RD # 14

City

CPE GIRARDEAU

State

MO

Zip Code

63703

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 2 / 2 0 0 9

Transaction ID: SA11AI.32171

Amount of Each Receipt this Period

300.00

SUBTOTAL of Receipts This Page (optional)

1220.00

TOTAL This Period (last page this line number only)

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.33810**

0103402-0003881

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.33811**

0101281-0003883

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32171**

0100600-0002369

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 288 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS KAYE K THOMPSON

Mailing Address 9400 PEBBLE BEACH DR NE

City

ALBUQUERQUE

State

NM

Zip Code

87111

FEC ID number of contributing
federal political committee.

C

Name of Employer
MICHAEL R THOMPSON DDS

Occupation

FAMILY MANAGER/ADMIN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33059

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

MR KEITH THORNTON

Mailing Address 6131 LUTHER LN

City

DALLAS

State

TX

Zip Code

75225

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation

DENTIST

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.32492

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MR JOHN W TIMMONS

Mailing Address 1444 BETHEL CHURCH RD

City

ELKTON

State

VA

Zip Code

22827

FEC ID number of contributing
federal political committee.

C

Name of Employer
ROCKINGHAM MEMORIAL HOSPI-
TAL

Occupation

PHYSICIAN

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 3 / 2 0 0 9

Transaction ID: SA11AI.30058

Amount of Each Receipt this Period

330.00

SUBTOTAL of Receipts This Page (optional)

1330.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0008548-0003195
Transaction ID : **SA11AI.33059**

B. Form/Schedule : **SA11AI** 0106962-0002660
Transaction ID : **SA11AI.32492**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30058**

0002694-0000481

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 291 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR JOHN W TIMMONS

Mailing Address 1444 BETHEL CHURCH RD

City

ELKTON

State

VA

Zip Code

22827

FEC ID number of contributing
federal political committee.

C

Name of Employer

ROCKINGHAM MEMORIAL HOSPITAL

Occupation

PHYSICIAN

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

660.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 1 / 2 0 0 9

Transaction ID: SA11AI.30059

Amount of Each Receipt this Period

330.00

B.

Full Name (Last, First, Middle Initial)

MR TOMMY TOWNSEND

Mailing Address PO BOX 2290

City

TUSCALOOSA

State

AL

Zip Code

35403

FEC ID number of contributing
federal political committee.

C

Name of Employer

TOWNSEND FORD

Occupation

AUTOMOBILE DEALER

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 0 / 2 0 0 9

Transaction ID: SA11AI.30748

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MR CLIFFORD F TRACY

Mailing Address 18747 SAN FELIPE ST

City

FOUNTAIN VALLEY

State

CA

Zip Code

92708

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For: 2009

☐ Primary ☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.33358

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

780.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0002694-0000482
Transaction ID : **SA11AI.30059**

B. Form/Schedule : **SA11AI** 0025556-0001085
Transaction ID : **SA11AI.30748**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33358**

0100452-0003459

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 294 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR RICHARD V TREAKLE

Mailing Address 510 PINE LN

City

LOS ALTOS

State

CA

Zip Code

94022

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 1 3 / 2 0 0 9

Transaction ID: SA11AI.33466

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR JOHN TRUELSON

Mailing Address 3108 CARUTH BLVD

City

DALLAS

State

TX

Zip Code

75225

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF

Occupation
SURGEON

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 0 7 / 2 0 0 9

Transaction ID: SA11AI.32493

Amount of Each Receipt this Period

5000.00

C.

Full Name (Last, First, Middle Initial)

MRS JUDY E ULRICH

Mailing Address 1108 ESCONDIDO

City

TURLOCK

State

CA

Zip Code

95380

FEC ID number of contributing
federal political committee.

C

Name of Employer
INFO REQUESTED- NOT RECD

Occupation
INFO REQUESTED- NOT RECD

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 4 / 0 6 / 2 0 0 9

Transaction ID: SA11AI.33540

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

5500.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0100441-0003566
Transaction ID : **SA11AI.33466**

B. Form/Schedule : **SA11AI** 0102387-0002662
Transaction ID : **SA11AI.32493**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33540**

0106528-0003633

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 297 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR MICHAEL VALERIO

Mailing Address PO BOX 193

City

CUMMAQUID

State

MA

Zip Code

02637

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 2 5 / 2 0 0 9

Transaction ID: SA11AI.29551

Amount of Each Receipt this Period

250.00

B.

Full Name (Last, First, Middle Initial)

MR GORDON M VANSINGEL

Mailing Address 2741 BAUER RD

City

JENISON

State

MI

Zip Code

49428

FEC ID number of contributing
federal political committee.

C

Name of Employer
VANSINGEL ELECTINC

Occupation
OWNER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y
0 3 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.31470

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MRS REGINA M VAUGHN

Mailing Address 4880 OLD STILESBORO RD NW

City

ACWORTH

State

GA

Zip Code

30101

FEC ID number of contributing
federal political committee.

C

Name of Employer
ME

Occupation
SELF EMPLOYED W/HUSBAND & AT HOME W

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 1 6 / 2 0 0 9

Transaction ID: SA11AI.30393

Amount of Each Receipt this Period

200.00

SUBTOTAL of Receipts This Page (optional)

1450.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0106486-0000033
Transaction ID : **SA11AI.29551**

B. Form/Schedule : **SA11AI** 0005474-0001732
Transaction ID : **SA11AI.31470**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30393**

0003267-0000773

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 300 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS VICTORIA L VESTUTO

Mailing Address 22926 FOXTAIL DR

City

KILDEER

State

IL

Zip Code

60047

FEC ID number of contributing
federal political committee.

C

Name of Employer

VESTATO APPLICATION CONSU-
LTING INC

Occupation

SOFTWARE DEVELOPER

Receipt For:

2009

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 3 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.31991

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MR WILLIAM WADELL

Mailing Address 300 N VAN HOOREBEKE ROAD

City

JOPLIN

State

MO

Zip Code

64801

FEC ID number of contributing
federal political committee.

C

Name of Employer

AMERICAN REHABILITATION
MINISTRIES

Occupation

SECRETARY

Receipt For:

2009

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.32205

Amount of Each Receipt this Period

100.00

C.

Full Name (Last, First, Middle Initial)

MR MARK A WALKOTTEN

Mailing Address 3755 ACORN RIDGE CT NE

City

GRAND RAPIDS

State

MI

Zip Code

49525

FEC ID number of contributing
federal political committee.

C

Name of Employer

CROWE CHIZEK & CO

Occupation

CPA

Receipt For:

2009

☐ Primary☒ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 6 / 2 0 0 9

Transaction ID: SA11AI.31491

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)

1350.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.31991**

0006370-0002202

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.32205**

0101631-0002401

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.31491**

0014812-0001751

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 303 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS GLENDA WEATHERLY

Mailing Address PO BOX 1245

City

WHEELER

State

TX

Zip Code

79096

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 1 / 2 0 0 9

Transaction ID: SA11AI.32718

Amount of Each Receipt this Period

200.00

B.

Full Name (Last, First, Middle Initial)

MRS GLENDA WEATHERLY

Mailing Address PO BOX 1245

City

WHEELER

State

TX

Zip Code

79096

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 2 2 / 2 0 0 9

Transaction ID: SA11AI.32719

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

MRS GLENDA WEATHERLY

Mailing Address PO BOX 1245

City

WHEELER

State

TX

Zip Code

79096

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIRED

Occupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

725.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA11AI.32720

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

550.00

TOTAL This Period (last page this line number only)

A.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.32718**

0102813-0002874

B.

Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.32719**

0102813-0002875

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.32720**

0102813-0002876

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 306 / 392

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS DONALD A WHITE, JR

Mailing Address 9412 ROCKY HILLS DR

City

CORDOVA

State

TN

Zip Code

38018

FEC ID number of contributing
federal political committee.

C

Name of Employer
HOMEMAKER

Occupation

HOMEMAKER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 1 4 / 2 0 0 9

Transaction ID: SA11AI.30892

Amount of Each Receipt this Period

50.00

B.

Full Name (Last, First, Middle Initial)

MRS MICHELLE M WILSON

Mailing Address 541 POMONA HEIGHTS ROAD

City

YAKIMA

State

WA

Zip Code

98901

FEC ID number of contributing
federal political committee.

C

Name of Employer
WILSON IRRIGATION

Occupation

OWNER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 6 / 0 8 / 2 0 0 9

Transaction ID: SA11AI.33864

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

MRS IRENE MA WONG

Mailing Address 711 NOME AVE

City

MODESTO

State

CA

Zip Code

95350

FEC ID number of contributing
federal political committee.

C

Name of Employer
SUTTER GOULD MEDICAL FNDN

Occupation

MEDICAL TECHNOLOGIST

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y Y
0 5 / 2 1 / 2 0 0 9

Transaction ID: SA11AI.33528

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional)

650.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30892**

0101707-0001222

B. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33864**

0020183-0003928

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.33528**

0013278-0003622

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 309 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MRS JEANETTE F YANDOW

Mailing Address 1133 LONG POND RD

City

ROCHESTER

State

NY

Zip Code

14626

FEC ID number of contributing
federal political committee.

C

Name of Employer
RETIREDOccupation
RETIRED

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	1		2	2		2	0	0	9

Transaction ID: SA11AI.29739

Amount of Each Receipt this Period

750.00

B.

Full Name (Last, First, Middle Initial)

MR CHARLES M ZEISER

Mailing Address 510 ROLLING WAY

City

SIGNAL MOUNTAIN

State

TN

Zip Code

37377

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN CHAMPION TRAY LPOccupation
MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	9		2	0	0	9

Transaction ID: SA11AI.30828

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

MR CHARLES M ZEISER

Mailing Address 510 ROLLING WAY

City

SIGNAL MOUNTAIN

State

TN

Zip Code

37377

FEC ID number of contributing
federal political committee.

C

Name of Employer
SOUTHERN CHAMPION TRAY LPOccupation
MANAGER

Receipt For: 2009

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		2	8		2	0	0	9

Transaction ID: SA11AI.30829

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2750.00

TOTAL This Period (last page this line number only)

A. Form/Schedule : **SA11AI** 0103971-0000192
Transaction ID : **SA11AI.29739**

B. Form/Schedule : **SA11AI** 0097422-0001163
Transaction ID : **SA11AI.30828**

C. Form/Schedule : **SA11AI**
Transaction ID : **SA11AI.30829**

0097422-0001164

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 312 / 392

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MR CHARLES M ZEISER

Mailing Address 510 ROLLING WAY

City

SIGNAL MOUNTAIN

State

TN

Zip Code

37377

FEC ID number of contributing
federal political committee.

C

Name of Employer

SOUTHERN CHAMPION TRAY LP

Occupation

MANAGER

Receipt For:

2009

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

3000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5	/	2	8	/	2	0	0	9

Transaction ID: SA11AI.30830

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

MR DAVID ZIMMERMAN

Mailing Address 3177 KINROSS CIR

City

OAK HILL

State

VA

Zip Code

20171

FEC ID number of contributing
federal political committee.

C

Name of Employer

NOKIA SIEMENS NETWORKS

Occupation

TELECOMMUNICATIONS SALES

Receipt For:

2009

☐ Primary
☐ Other (specify) ▼
☒ General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6	/	3	0	/	2	0	0	9

Transaction ID: SA11AI.29938

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

175530.00

A. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.30830**

0097422-0001165

B. Form/Schedule : **SA11AI**

Transaction ID : **SA11AI.29938**

0101611-0000374

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 314 / 392

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☒ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

US POSTMASTER

Mailing Address Main Post Office

City

Washington

State

DC

Zip Code

20000

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

357.20

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 1 8 / 2 0 0 9

Transaction ID: SA15.34172

Amount of Each Receipt this Period

357.20

REFUND BRE POSTAGE

SUBTOTAL of Receipts This Page (optional)

357.20

TOTAL This Period (last page this line number only)

357.20

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 315 / 392

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address P.O. Box 580363

City State Zip Code
Charlotte NC 28258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.82

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 0 8 / 2 0 0 9

Transaction ID: SA17.34157

Amount of Each Receipt this Period

278.22

INTEREST INCOME

B.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address P.O. Box 580363

City State Zip Code
Charlotte NC 28258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3657.79

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 2 / 2 0 0 9

Transaction ID: SA17.34158

Amount of Each Receipt this Period

3219.97

INTEREST INCOME

C.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address P.O. Box 580363

City State Zip Code
Charlotte NC 28258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3667.08

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 2 9 / 2 0 0 9

Transaction ID: SA17.34159

Amount of Each Receipt this Period

9.29

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)

3507.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 316 / 392

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address P.O. Box 580363

City State Zip Code
Charlotte NC 28258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3680.18

Date of Receipt

M M / D D / Y Y Y Y Y
0 1 / 3 1 / 2 0 0 9

Transaction ID: SA17.34160

Amount of Each Receipt this Period

13.10

INTEREST INCOME

B.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address P.O. Box 580363

City State Zip Code
Charlotte NC 28258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3697.57

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 0 5 / 2 0 0 9

Transaction ID: SA17.34161

Amount of Each Receipt this Period

17.39

INTEREST INCOME

C.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address P.O. Box 580363

City State Zip Code
Charlotte NC 28258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3757.04

Date of Receipt

M M / D D / Y Y Y Y Y
0 2 / 2 8 / 2 0 0 9

Transaction ID: SA17.34163

Amount of Each Receipt this Period

59.47

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)

89.96

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 317 / 392

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
 BB&T

Mailing Address P.O. Box 580363

City State Zip Code
Charlotte NC 28258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4210.33

Date of Receipt

M M / D D / Y Y Y Y Y
03 31 2009

Transaction ID: SA17.34164

Amount of Each Receipt this Period

453.29

INTEREST INCOME

B.

Full Name (Last, First, Middle Initial)
 BB&T

Mailing Address P.O. Box 580363

City State Zip Code
Charlotte NC 28258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.27

Date of Receipt

M M / D D / Y Y Y Y Y
04 30 2009

Transaction ID: SA17.34165

Amount of Each Receipt this Period

589.94

INTEREST INCOME

C.

Full Name (Last, First, Middle Initial)
 BB&T

Mailing Address P.O. Box 580363

City State Zip Code
Charlotte NC 28258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5322.33

Date of Receipt

M M / D D / Y Y Y Y Y
05 31 2009

Transaction ID: SA17.34166

Amount of Each Receipt this Period

522.06

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)

1565.29

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 318 / 392

(check only one)

☐ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☒ 17

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address P.O. Box 580363

City

Charlotte

State

NC

Zip Code

28258

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

5780.27

Date of Receipt

M M / D D / Y Y Y Y
0 6 / 3 0 / 2 0 0 9

Transaction ID: SA17.34167

Amount of Each Receipt this Period

457.94

INTEREST INCOME

SUBTOTAL of Receipts This Page (optional)

457.94

TOTAL This Period (last page this line number only)

5620.67

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 319 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
ADVANCED DIGITAL SOLUTIONS

Mailing Address 10680 MAIN STREET

City FAIRFAX State VA Zip Code 22030

Purpose of Disbursement
COMPUTER SUPPORT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34032

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B. Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 981540

City El Paso State TX Zip Code 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33939

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C. Full Name (Last, First, Middle Initial)
American Express

Mailing Address P.O. Box 981540

City El Paso State TX Zip Code 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33943

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 320 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33945

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2.67

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33946

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.63

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33949

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.95

SUBTOTAL of Disbursements This Page (optional)

9.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 321 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33951

Date of Disbursement

/ /

Amount of Each Disbursement this Period

341.31

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33953

Date of Disbursement

/ /

Amount of Each Disbursement this Period

0.96

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33955

Date of Disbursement

/ /

Amount of Each Disbursement this Period

0.96

SUBTOTAL of Disbursements This Page (optional)

343.23

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 322 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.33956

Date of Disbursement

/ /

Amount of Each Disbursement this Period

4.95

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.33963

Date of Disbursement

/ /

Amount of Each Disbursement this Period

0.96

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.33964

Date of Disbursement

/ /

Amount of Each Disbursement this Period

0.34

SUBTOTAL of Disbursements This Page (optional)

6.25

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 323 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City
El Paso

State
TX

Zip Code
79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.33965

Date of Disbursement

05 / 25 / 2009

Amount of Each Disbursement this Period

6.40

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City
El Paso

State
TX

Zip Code
79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.33968

Date of Disbursement

05 / 31 / 2009

Amount of Each Disbursement this Period

56.34

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City
El Paso

State
TX

Zip Code
79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.33971

Date of Disbursement

06 / 01 / 2009

Amount of Each Disbursement this Period

0.78

SUBTOTAL of Disbursements This Page (optional)

63.52

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 324 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.33972 Date of Disbursement																				
Mailing Address P.O. Box 981540	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	2		2	0	0	9												
City El Paso State TX Zip Code 79998	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING	<table border="1"> <tr> <td colspan="10">4.95</td> </tr> </table>	4.95																			
4.95																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.33974 Date of Disbursement																				
Mailing Address P.O. Box 981540	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	0		2	0	0	9												
City El Paso State TX Zip Code 79998	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING	<table border="1"> <tr> <td colspan="10">31.00</td> </tr> </table>	31.00																			
31.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) American Express	Transaction ID: SB21B.33976 Date of Disbursement																				
Mailing Address P.O. Box 981540	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	6		2	0	0	9												
City El Paso State TX Zip Code 79998	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING	<table border="1"> <tr> <td colspan="10">3.10</td> </tr> </table>	3.10																			
3.10																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

39.05

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 325 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33977

Date of Disbursement

/ /

Amount of Each Disbursement this Period

0.96

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33978

Date of Disbursement

/ /

Amount of Each Disbursement this Period

35.50

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33980

Date of Disbursement

/ /

Amount of Each Disbursement this Period

10.85

SUBTOTAL of Disbursements This Page (optional)

47.31

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 326 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 981540	Transaction ID: SB21B.33983 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 1 9 / 2 0 0 9</div> </div>
City El Paso State TX Zip Code 79998 Purpose of Disbursement CREDIT CARD PROCESSING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>15.50</div>
B. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 981540 City El Paso State TX Zip Code 79998 Purpose of Disbursement CREDIT CARD PROCESSING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.33986 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 2 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>3.10</div>
C. Full Name (Last, First, Middle Initial) American Express Mailing Address P.O. Box 981540 City El Paso State TX Zip Code 79998 Purpose of Disbursement CREDIT CARD PROCESSING Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.33988 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 2 3 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>3.20</div>

SUBTOTAL of Disbursements This Page (optional) ►

21.80

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 327 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33990

Date of Disbursement

/ /

Amount of Each Disbursement this Period

15.50

B.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33991

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.57

C.

Full Name (Last, First, Middle Initial)

American Express

Mailing Address P.O. Box 981540

City State Zip Code
El Paso TX 79998

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33992

Date of Disbursement

/ /

Amount of Each Disbursement this Period

31.00

SUBTOTAL of Disbursements This Page (optional)

50.07

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 328 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

Authorize.net

Mailing Address 808 East Utah Valley Drive

City American Fork State UT Zip Code 84003

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33973

Date of Disbursement

/ /

Amount of Each Disbursement this Period

34.03

B.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address P.O. Box 580363

City Charlotte State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33928

Date of Disbursement

/ /

Amount of Each Disbursement this Period

563.39

C.

Full Name (Last, First, Middle Initial)

BB&T

Mailing Address P.O. Box 580363

City Charlotte State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33942

Date of Disbursement

/ /

Amount of Each Disbursement this Period

883.74

SUBTOTAL of Disbursements This Page (optional)

1481.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 329 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address P.O. Box 580363

City Charlotte State NC Zip Code 28258

Purpose of Disbursement
FEDERAL TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34060

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7339.11

B.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address P.O. Box 580363

City Charlotte State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33952

Date of Disbursement

/ /

Amount of Each Disbursement this Period

160.46

C.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address P.O. Box 580363

City Charlotte State NC Zip Code 28258

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33957

Date of Disbursement

/ /

Amount of Each Disbursement this Period

126.09

SUBTOTAL of Disbursements This Page (optional)

7625.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 330 / 392

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address **P.O. Box 580363**

City **Charlotte** State **NC** Zip Code **28258**

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.33967

Date of Disbursement

/ /

Amount of Each Disbursement this Period

349.62

B.

Full Name (Last, First, Middle Initial)
BB&T

Mailing Address **P.O. Box 580363**

City **Charlotte** State **NC** Zip Code **28258**

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.33996

Date of Disbursement

/ /

Amount of Each Disbursement this Period

879.11

C.

Full Name (Last, First, Middle Initial)
CAPITOL ADVANTAGE

Mailing Address **P.O. BOX 2018**

City **MERRIFIELD** State **VA** Zip Code **22116**

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34061

Date of Disbursement

/ /

Amount of Each Disbursement this Period

6000.00

SUBTOTAL of Disbursements This Page (optional)

7228.73

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 331 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34023

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2604.80

B.

Full Name (Last, First, Middle Initial)
CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34033

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2604.80

C.

Full Name (Last, First, Middle Initial)
CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34062

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2604.80

SUBTOTAL of Disbursements This Page (optional)

7814.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 332 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34068

Date of Disbursement

/ /

Amount of Each Disbursement this Period

117.89

B.

Full Name (Last, First, Middle Initial)
CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34081

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2676.69

C.

Full Name (Last, First, Middle Initial)
CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34096

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2676.69

SUBTOTAL of Disbursements This Page (optional)

5471.27

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 333 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
CHOI COMPANIES

Mailing Address 5999 STEVENSON AVE #310

City ALEXANDRIA State VA Zip Code 22304

Purpose of Disbursement
RENT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34121

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2676.69

B.

Full Name (Last, First, Middle Initial)
COVAD COMMUNICATIONS

Mailing Address P.O. BOX 39000

City SAN FRANCISCO State CA Zip Code 94139

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34030

Date of Disbursement

/ /

Amount of Each Disbursement this Period

104.45

C.

Full Name (Last, First, Middle Initial)
COVAD COMMUNICATIONS

Mailing Address P.O. BOX 39000

City SAN FRANCISCO State CA Zip Code 94139

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34052

Date of Disbursement

/ /

Amount of Each Disbursement this Period

104.45

SUBTOTAL of Disbursements This Page (optional)

2885.59

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 334 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
COVAD COMMUNICATIONS

Mailing Address P.O. BOX 39000

City State Zip Code
SAN FRANCISCO CA 94139

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34069

Date of Disbursement

/ /

Amount of Each Disbursement this Period

104.45

B.

Full Name (Last, First, Middle Initial)
COVAD COMMUNICATIONS

Mailing Address P.O. BOX 39000

City State Zip Code
SAN FRANCISCO CA 94139

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34088

Date of Disbursement

/ /

Amount of Each Disbursement this Period

104.45

C.

Full Name (Last, First, Middle Initial)
COVAD COMMUNICATIONS

Mailing Address P.O. BOX 39000

City State Zip Code
SAN FRANCISCO CA 94139

Purpose of Disbursement
COMPUTER SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34105

Date of Disbursement

/ /

Amount of Each Disbursement this Period

104.45

SUBTOTAL of Disbursements This Page (optional)

313.35

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 335 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
CT CORPORATION

Mailing Address P.O. BOX 4349

City State Zip Code
CAROL STREAM IL 60107

Purpose of Disbursement
OFFICE EXPENSE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34034

Date of Disbursement

/ /

Amount of Each Disbursement this Period

348.00

B.

Full Name (Last, First, Middle Initial)
DC TREASURER

Mailing Address P.O. Box 7862

City State Zip Code
WASHINGTON DC 20044

Purpose of Disbursement
TAXES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34059

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2559.36

C.

Full Name (Last, First, Middle Initial)
Discover Financial

Mailing Address P.O. Box 8181

City State Zip Code
Gray TN 37615

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33982

Date of Disbursement

/ /

Amount of Each Disbursement this Period

7.20

SUBTOTAL of Disbursements This Page (optional)

2914.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 336 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) Discover Financial	Transaction ID: SB21B.33984 Date of Disbursement																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	0	9												
City Gray State TN Zip Code 37615	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING	<table border="1"> <tr> <td colspan="10">1.45</td> </tr> </table>	1.45																			
1.45																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Discover Financial	Transaction ID: SB21B.33985 Date of Disbursement																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	2		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	2		2	0	0	9												
City Gray State TN Zip Code 37615	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING	<table border="1"> <tr> <td colspan="10">0.73</td> </tr> </table>	0.73																			
0.73																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Discover Financial	Transaction ID: SB21B.33987 Date of Disbursement																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>3</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	3		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	3		2	0	0	9												
City Gray State TN Zip Code 37615	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING	<table border="1"> <tr> <td colspan="10">0.98</td> </tr> </table>	0.98																			
0.98																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

3.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 337 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) Discover Financial	Transaction ID: SB21B.33989 Date of Disbursement																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>4</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	4		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	4		2	0	9													
City Gray State TN Zip Code 37615	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING	<table border="1"> <tr> <td colspan="10">1.35</td> </tr> </table>	1.35																			
1.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) Discover Financial	Transaction ID: SB21B.33993 Date of Disbursement																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	9													
City Gray State TN Zip Code 37615	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING	<table border="1"> <tr> <td colspan="10">1.13</td> </tr> </table>	1.13																			
1.13																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) Discover Financial	Transaction ID: SB21B.33994 Date of Disbursement																				
Mailing Address P.O. Box 8181	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	9		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	9		2	0	9													
City Gray State TN Zip Code 37615	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING	<table border="1"> <tr> <td colspan="10">2.60</td> </tr> </table>	2.60																			
2.60																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

5.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 338 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City
MEMPHIS

State
TN

Zip Code
38101

Purpose of Disbursement
SHIPPING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34063

Date of Disbursement

/ /

Amount of Each Disbursement this Period

28.60

B.

Full Name (Last, First, Middle Initial)

FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City
MEMPHIS

State
TN

Zip Code
38101

Purpose of Disbursement
SHIPPING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34176

Date of Disbursement

/ /

Amount of Each Disbursement this Period

50.18

C.

Full Name (Last, First, Middle Initial)

FEDERAL EXPRESS

Mailing Address P.O. BOX 1140

City
MEMPHIS

State
TN

Zip Code
38101

Purpose of Disbursement
SHIPPING FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34082

Date of Disbursement

/ /

Amount of Each Disbursement this Period

27.90

SUBTOTAL of Disbursements This Page (optional)

106.68

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 339 / 392

☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	Transaction ID: SB21B.34091 Date of Disbursement
Mailing Address P.O. BOX 1140	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 1 1 / 2 0 0 9</div> </div>
City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period
Purpose of Disbursement SHIPPING FEES	<div> <div></div> <div>30.50</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	Transaction ID: SB21B.34097 Date of Disbursement
Mailing Address P.O. BOX 1140	<div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div>
City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period
Purpose of Disbursement SHIPPING FEES	<div> <div></div> <div>13.95</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
C. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	Transaction ID: SB21B.34099 Date of Disbursement
Mailing Address P.O. BOX 1140	<div> <div>M M / D D / Y Y Y Y</div> <div>0 6 / 0 4 / 2 0 0 9</div> </div>
City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period
Purpose of Disbursement SHIPPING FEES	<div> <div></div> <div>13.95</div> </div>
Candidate Name	<div> <div></div> <div>Category/ Type</div> </div>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

58.40

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 340 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	Transaction ID: SB21B.34112 Date of Disbursement																				
Mailing Address P.O. BOX 1140	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		1	8		2	0	0	9												
City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period																				
Purpose of Disbursement SHIPPING FEES	<table border="1"> <tr> <td>1</td><td>4</td><td>.</td><td>0</td><td>9</td> </tr> </table>	1	4	.	0	9															
1	4	.	0	9																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) FEDERAL EXPRESS	Transaction ID: SB21B.34119 Date of Disbursement																				
Mailing Address P.O. BOX 1140	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		2	6		2	0	0	9												
City MEMPHIS State TN Zip Code 38101	Amount of Each Disbursement this Period																				
Purpose of Disbursement SHIPPING FEES	<table border="1"> <tr> <td>3</td><td>0</td><td>.</td><td>4</td><td>0</td> </tr> </table>	3	0	.	4	0															
3	0	.	4	0																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) HELLER INFORMATION SYSTEMS	Transaction ID: SB21B.34072 Date of Disbursement																				
Mailing Address 30 WEST GUDE DRIVE, #220	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		2	1		2	0	0	9												
City ROCKVILLE State MD Zip Code 20850	Amount of Each Disbursement this Period																				
Purpose of Disbursement COMPUTER SERVICES	<table border="1"> <tr> <td>5</td><td>6</td><td>.</td><td>5</td><td>0</td> </tr> </table>	5	6	.	5	0															
5	6	.	5	0																	
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

609.49

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 341 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
INTEGRAM

Mailing Address 8421 HILLTOP ROAD

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34155

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2662.73

B.

Full Name (Last, First, Middle Initial)
IRON MOUNTAIN

Mailing Address 745 ATLANTIC AVE

City State Zip Code
BOSTON MA 02111

Purpose of Disbursement
STORAGE FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34011

Date of Disbursement

/ /

Amount of Each Disbursement this Period

228.41

C.

Full Name (Last, First, Middle Initial)
IRON MOUNTAIN

Mailing Address 745 ATLANTIC AVE

City State Zip Code
BOSTON MA 02111

Purpose of Disbursement
STORAGE FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34037

Date of Disbursement

/ /

Amount of Each Disbursement this Period

266.56

SUBTOTAL of Disbursements This Page (optional)

3157.70

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 342 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
IRON MOUNTAIN

Mailing Address 745 ATLANTIC AVE

City BOSTON State MA Zip Code 02111

Purpose of Disbursement
STORAGE FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34056

Date of Disbursement

/ /

Amount of Each Disbursement this Period

190.26

B.

Full Name (Last, First, Middle Initial)
IRON MOUNTAIN

Mailing Address 745 ATLANTIC AVE

City BOSTON State MA Zip Code 02111

Purpose of Disbursement
STORAGE FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34073

Date of Disbursement

/ /

Amount of Each Disbursement this Period

228.41

C.

Full Name (Last, First, Middle Initial)
IRON MOUNTAIN

Mailing Address 745 ATLANTIC AVE

City BOSTON State MA Zip Code 02111

Purpose of Disbursement
STORAGE FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34095

Date of Disbursement

/ /

Amount of Each Disbursement this Period

228.41

SUBTOTAL of Disbursements This Page (optional)

647.08

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 343 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
IRON MOUNTAIN

Mailing Address 745 ATLANTIC AVE

City BOSTON State MA Zip Code 02111

Purpose of Disbursement
STORAGE FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34110

Date of Disbursement

/ /

Amount of Each Disbursement this Period

228.41

B.

Full Name (Last, First, Middle Initial)
LASER AGE

Mailing Address 7210 E GARY ROAD

City MANASSAS State VA Zip Code 20109

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34017

Date of Disbursement

/ /

Amount of Each Disbursement this Period

442.00

C.

Full Name (Last, First, Middle Initial)
LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34018

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)

1020.41

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 344 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City
PHILADELPHIA

State
PA

Zip Code
19170

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34038

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

B.

Full Name (Last, First, Middle Initial)

LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City
PHILADELPHIA

State
PA

Zip Code
19170

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34057

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)

LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City
PHILADELPHIA

State
PA

Zip Code
19170

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34074

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

SUBTOTAL of Disbursements This Page (optional)

1050.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 345 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34092

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

B.

Full Name (Last, First, Middle Initial)
LEXIS NEXIS

Mailing Address P.O. BOX 7247-7090

City PHILADELPHIA State PA Zip Code 19170

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34113

Date of Disbursement

/ /

Amount of Each Disbursement this Period

350.00

C.

Full Name (Last, First, Middle Initial)
LPS

Mailing Address P.O. BOX 2325

City FAIRFAX State VA Zip Code 22031

Purpose of Disbursement
PAC - DATA PROCESSING SERV

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34012

Date of Disbursement

/ /

Amount of Each Disbursement this Period

409.85

SUBTOTAL of Disbursements This Page (optional)

1109.85

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 346 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) LPS Mailing Address P.O. BOX 2325	Transaction ID: SB21B.34019 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		2	0		2	0	0	9													
City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC DATA PROCESSING SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>438.03</td> </tr> </table>	438.03																				
438.03																						
B. Full Name (Last, First, Middle Initial) LPS Mailing Address P.O. BOX 2325 City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC DATA PROCESSING FEES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34027 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>657.88</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9	657.88
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		0	4		2	0	0	9													
657.88																						
C. Full Name (Last, First, Middle Initial) LPS Mailing Address P.O. BOX 2325 City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC DATA PROCESSING SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34039 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>337.27</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	9	337.27
M	M	/	D	D	/	Y	Y	Y	Y													
0	2		2	6		2	0	0	9													
337.27																						

SUBTOTAL of Disbursements This Page (optional)

1433.18

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 347 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) LPS Mailing Address P.O. BOX 2325	Transaction ID: SB21B.34058 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>1</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	2		2	0	0	9	
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		1	2		2	0	0	9													
City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC DATA PROCESSING SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <table border="1"> <tr> <td>524.67</td> </tr> </table>	524.67																				
524.67																						
B. Full Name (Last, First, Middle Initial) LPS Mailing Address P.O. BOX 2325 City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC DATA PROCESSING SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34075 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>927.30</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	1		2	0	0	9	927.30
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	1		2	0	0	9													
927.30																						
C. Full Name (Last, First, Middle Initial) LPS Mailing Address P.O. BOX 2325 City FAIRFAX State VA Zip Code 22031 Purpose of Disbursement PAC DATA PROCESSING SERVICES Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34086 Date of Disbursement <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>2</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table> Amount of Each Disbursement this Period <table border="1"> <tr> <td>280.33</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		2	9		2	0	0	9	280.33
M	M	/	D	D	/	Y	Y	Y	Y													
0	4		2	9		2	0	0	9													
280.33																						

SUBTOTAL of Disbursements This Page (optional)

1732.30

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 348 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
LPS

Mailing Address P.O. BOX 2325

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34093

Date of Disbursement

/ /

Amount of Each Disbursement this Period

803.82

B.

Full Name (Last, First, Middle Initial)
LPS

Mailing Address P.O. BOX 2325

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34100

Date of Disbursement

/ /

Amount of Each Disbursement this Period

201.89

C.

Full Name (Last, First, Middle Initial)
LPS

Mailing Address P.O. BOX 2325

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
PAC DATA ENTRY SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34111

Date of Disbursement

/ /

Amount of Each Disbursement this Period

317.51

SUBTOTAL of Disbursements This Page (optional)

1323.22

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 349 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
LPS

Mailing Address P.O. BOX 2325

City State Zip Code
FAIRFAX VA 22031

Purpose of Disbursement
PAC DATA PROCESSING SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34120

Date of Disbursement

/ /

Amount of Each Disbursement this Period

579.56

B.

Full Name (Last, First, Middle Initial)
MODPAC CORP

Mailing Address 1801 ELMWOOD AVE

City State Zip Code
BUFFALO NY 14207

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34087

Date of Disbursement

/ /

Amount of Each Disbursement this Period

5978.60

C.

Full Name (Last, First, Middle Initial)
NATIONAL JOURNAL

Mailing Address 600 NEW HAMPSHIRE NW

City State Zip Code
WASHINGTON DC 20037

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34040

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1661.50

SUBTOTAL of Disbursements This Page (optional)

8219.66

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 350 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
NATIONAL JOURNAL

Mailing Address 600 NEW HAMPSHIRE NW

City WASHINGTON State DC Zip Code 20037

Purpose of Disbursement
DUES & SUBSCRIPTIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34064

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1661.50

B.

Full Name (Last, First, Middle Initial)
PR NEWswire

Mailing Address 810 7TH AVE 32ND FL

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
MEDIA RELATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34042

Date of Disbursement

/ /

Amount of Each Disbursement this Period

240.00

C.

Full Name (Last, First, Middle Initial)
PR NEWswire

Mailing Address 810 7TH AVE 32ND FL

City NEW YORK State NY Zip Code 10019

Purpose of Disbursement
MEDIA RELATIONS

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34094

Date of Disbursement

/ /

Amount of Each Disbursement this Period

885.00

SUBTOTAL of Disbursements This Page (optional)

2786.50

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 351 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
RESOLUTION GRAPHICS

Mailing Address 3725 DUNLAP STREET N

City ARDEN HILLS State MN Zip Code 55112

Purpose of Disbursement
PAC - DIRECT MAIL PRODUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34013

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2679.96

B.

Full Name (Last, First, Middle Initial)
RESOLUTION GRAPHICS

Mailing Address 3725 DUNLAP STREET N

City ARDEN HILLS State MN Zip Code 55112

Purpose of Disbursement
PAC DIRECT MAIL PRODUCTION

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34028

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3004.76

C.

Full Name (Last, First, Middle Initial)
THE HARTFORD

Mailing Address P.O. BOX 659519

City SAN ANTONIO State TX Zip Code 78265

Purpose of Disbursement
INSURANCE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34078

Date of Disbursement

/ /

Amount of Each Disbursement this Period

2437.00

SUBTOTAL of Disbursements This Page (optional)

8121.72

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 352 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) THE LUKENS COMPANY	Transaction ID: SB21B.34148 Date of Disbursement																				
Mailing Address 2800 SHIRLINGTON ROAD #900	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC DIRECT MAIL CONSULTING	<table border="1"> <tr> <td colspan="10">2625.00</td> </tr> </table>	2625.00																			
2625.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) THE LUKENS COMPANY	Transaction ID: SB21B.34150 Date of Disbursement																				
Mailing Address 2800 SHIRLINGTON ROAD #900	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	7		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC DIRECT MAIL CONSULTING	<table border="1"> <tr> <td colspan="10">2600.00</td> </tr> </table>	2600.00																			
2600.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) THE LUKENS COMPANY	Transaction ID: SB21B.34152 Date of Disbursement																				
Mailing Address 2800 SHIRLINGTON ROAD #900	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	9												
City ARLINGTON State VA Zip Code 22206	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC DIRECT MAIL CONSULTING	<table border="1"> <tr> <td colspan="10">2600.00</td> </tr> </table>	2600.00																			
2600.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

7825.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 353 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) THE PRINTING EXPRESS	Transaction ID: SB21B.34047 Date of Disbursement																				
Mailing Address 1832 MAIN STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	9													
City HARRISONBURG State VA Zip Code 22801	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION	<table border="1"> <tr> <td colspan="10">2817.56</td> </tr> </table>	2817.56																			
2817.56																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) THE PRINTING EXPRESS	Transaction ID: SB21B.34066 Date of Disbursement																				
Mailing Address 1832 MAIN STREET	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>2</td><td>7</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		2	7		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		2	7		2	0	9													
City HARRISONBURG State VA Zip Code 22801	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC DIRECT MAIL PRODUCTION	<table border="1"> <tr> <td colspan="10">4524.00</td> </tr> </table>	4524.00																			
4524.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) U.S. POSTMASTER	Transaction ID: SB21B.33999 Date of Disbursement																				
Mailing Address MAIN POST OFFICE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	6		2	0	9													
City WASHINGTON State DC Zip Code 20000	Amount of Each Disbursement this Period																				
Purpose of Disbursement P.O. BOX/BRE FEES	<table border="1"> <tr> <td colspan="10">970.00</td> </tr> </table>	970.00																			
970.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

8311.56

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 354 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

U.S. POSTMASTER

Mailing Address MAIN POST OFFICE

City
WASHINGTON

State
DC

Zip Code
20000

Purpose of Disbursement
PAC GENERAL OFFICE POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34000

Date of Disbursement

/ /

Amount of Each Disbursement this Period

20.00

B.

Full Name (Last, First, Middle Initial)

U.S. POSTMASTER

Mailing Address MAIN POST OFFICE

City
WASHINGTON

State
DC

Zip Code
20000

Purpose of Disbursement
PAC BRE POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34002

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

C.

Full Name (Last, First, Middle Initial)

U.S. POSTMASTER

Mailing Address MAIN POST OFFICE

City
WASHINGTON

State
DC

Zip Code
20000

Purpose of Disbursement
PAC - BRE POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34004

Date of Disbursement

/ /

Amount of Each Disbursement this Period

180.00

SUBTOTAL of Disbursements This Page (optional)

450.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 355 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

U.S. POSTMASTER

Mailing Address MAIN POST OFFICE

City
WASHINGTON

State
DC

Zip Code
20000

Purpose of Disbursement
PAC BRE POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34005

Date of Disbursement

/ /

Amount of Each Disbursement this Period

565.00

B.

Full Name (Last, First, Middle Initial)

U.S. POSTMASTER

Mailing Address MAIN POST OFFICE

City
WASHINGTON

State
DC

Zip Code
20000

Purpose of Disbursement
PAC BRE POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34006

Date of Disbursement

/ /

Amount of Each Disbursement this Period

300.00

C.

Full Name (Last, First, Middle Initial)

U.S. POSTMASTER

Mailing Address MAIN POST OFFICE

City
WASHINGTON

State
DC

Zip Code
20000

Purpose of Disbursement
PAC BRE POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34008

Date of Disbursement

/ /

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)

1115.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 356 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
U.S. POSTMASTER

Mailing Address MAIN POST OFFICE

City WASHINGTON State DC Zip Code 20000

Purpose of Disbursement
PAC GENERAL OFFICE POSTAGE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34122

Date of Disbursement

06 / 26 / 2009

Amount of Each Disbursement this Period

440.00

B.

Full Name (Last, First, Middle Initial)
UNITED BANK

Mailing Address 4501 DALY DRIVE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.33935

Date of Disbursement

02 / 28 / 2009

Amount of Each Disbursement this Period

147.16

C.

Full Name (Last, First, Middle Initial)
UNITED BANK

Mailing Address 4501 DALY DRIVE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.33940

Date of Disbursement

03 / 06 / 2009

Amount of Each Disbursement this Period

15.00

SUBTOTAL of Disbursements This Page (optional)

602.16

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 357 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

<p>A.</p> <p>Full Name (Last, First, Middle Initial) UNITED BANK</p> <p>Mailing Address 4501 DALY DRIVE</p> <p>City CHANTILLY State VA Zip Code 20151</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.33906</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 38.00</p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) UNITED BANK</p> <p>Mailing Address 4501 DALY DRIVE</p> <p>City CHANTILLY State VA Zip Code 20151</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.33947</p> <p>Date of Disbursement 03 / 31 / 2009</p> <p>Amount of Each Disbursement this Period 157.11</p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) UNITED BANK</p> <p>Mailing Address 4501 DALY DRIVE</p> <p>City CHANTILLY State VA Zip Code 20151</p> <p>Purpose of Disbursement BANK FEES</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: SB21B.34001</p> <p>Date of Disbursement 04 / 01 / 2009</p> <p>Amount of Each Disbursement this Period 32.37</p>

SUBTOTAL of Disbursements This Page (optional) ►

227.48

TOTAL This Period (last page this line number only) ►

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 358 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

UNITED BANK

Mailing Address 4501 DALY DRIVE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
CREDIT CARD PROCESSING

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33959

Date of Disbursement

/ /

Amount of Each Disbursement this Period

64.11

B.

Full Name (Last, First, Middle Initial)

UNITED BANK

Mailing Address 4501 DALY DRIVE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33966

Date of Disbursement

/ /

Amount of Each Disbursement this Period

90.90

C.

Full Name (Last, First, Middle Initial)

UNITED BANK

Mailing Address 4501 DALY DRIVE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
BANK FEES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33907

Date of Disbursement

/ /

Amount of Each Disbursement this Period

3.25

SUBTOTAL of Disbursements This Page (optional)

158.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 359 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) UNITED BANK	Transaction ID: SB21B.34007 Date of Disbursement																				
Mailing Address 4501 DALY DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	9		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	9		2	0	0	9												
City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANK FEES	<table border="1"> <tr> <td>39.35</td> </tr> </table>	39.35																			
39.35																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) UNITED BANK	Transaction ID: SB21B.33908 Date of Disbursement																				
Mailing Address 4501 DALY DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period																				
Purpose of Disbursement BANK FEES	<table border="1"> <tr> <td>98.00</td> </tr> </table>	98.00																			
98.00																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) UNITED BANK	Transaction ID: SB21B.33997 Date of Disbursement																				
Mailing Address 4501 DALY DRIVE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		3	0		2	0	0	9												
City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period																				
Purpose of Disbursement CREDIT CARD PROCESSING	<table border="1"> <tr> <td>114.93</td> </tr> </table>	114.93																			
114.93																					
Candidate Name	Category/ Type																				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

252.28

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 360 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) US POSTMASTER	Transaction ID: SB21B.34003 Date of Disbursement																				
Mailing Address Main Post Office	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>1</td><td>7</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		1	7		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		1	7		2	0	9													
City Washington State DC Zip Code 20000	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC - BRE POSTAGE Candidate Name	<table border="1"> <tr> <td colspan="10">250.00</td> </tr> </table>	250.00																			
250.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB21B.34021 Date of Disbursement																				
Mailing Address P.O. BOX 17577	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>2</td><td>0</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		2	0		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	1		2	0		2	0	9													
City BALTIMORE State MD Zip Code 21297	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE] Candidate Name	<table border="1"> <tr> <td colspan="10">430.70</td> </tr> </table>	430.70																			
430.70																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) VERIZON	Transaction ID: SB21B.34048 Date of Disbursement																				
Mailing Address P.O. BOX 17577	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>9</td><td></td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	9	
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	9													
City BALTIMORE State MD Zip Code 21297	Amount of Each Disbursement this Period																				
Purpose of Disbursement TELEPHONE Candidate Name	<table border="1"> <tr> <td colspan="10">432.44</td> </tr> </table>	432.44																			
432.44																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

1113.14

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 361 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) VERIZON Mailing Address P.O. BOX 17577	Transaction ID: SB21B.34067 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 3 / 2 7 / 2 0 0 9</div> </div>
City BALTIMORE State MD Zip Code 21297 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Amount of Each Disbursement this Period <div>429.15</div>
B. Full Name (Last, First, Middle Initial) VERIZON Mailing Address P.O. BOX 17577 City BALTIMORE State MD Zip Code 21297 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34079 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 4 / 2 1 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>431.78</div>
C. Full Name (Last, First, Middle Initial) VERIZON Mailing Address P.O. BOX 17577 City BALTIMORE State MD Zip Code 21297 Purpose of Disbursement TELEPHONE Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB21B.34103 Date of Disbursement <div> <div>M M / D D / Y Y Y Y</div> <div>0 5 / 2 9 / 2 0 0 9</div> </div> Amount of Each Disbursement this Period <div>434.33</div>

SUBTOTAL of Disbursements This Page (optional)

1295.26

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 362 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
VERIZON

Mailing Address P.O. BOX 17577

City State Zip Code
BALTIMORE MD 21297

Purpose of Disbursement
TELEPHONE

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34115

Date of Disbursement

/ /

Amount of Each Disbursement this Period

430.46

B.

Full Name (Last, First, Middle Initial)
DEAN VIRAG

Mailing Address 14039 WESTWIND LANE

City State Zip Code
CULPEPER VA 22701

Purpose of Disbursement
WEBSITE SUPPORT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34014

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

C.

Full Name (Last, First, Middle Initial)
DEAN VIRAG

Mailing Address 14039 WESTWIND LANE

City State Zip Code
CULPEPER VA 22701

Purpose of Disbursement
WEBSITE SUPPORT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34035

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

1430.46

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 363 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
DEAN VIRAG

Mailing Address 14039 WESTWIND LANE

City State Zip Code
CULPEPER VA 22701

Purpose of Disbursement
WEBSITE SUPPORT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34053

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

B.

Full Name (Last, First, Middle Initial)
DEAN VIRAG

Mailing Address 14039 WESTWIND LANE

City State Zip Code
CULPEPER VA 22701

Purpose of Disbursement
WEBSITE SUPPORT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34070

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1000.00

C.

Full Name (Last, First, Middle Initial)
DEAN VIRAG

Mailing Address 14039 WESTWIND LANE

City State Zip Code
CULPEPER VA 22701

Purpose of Disbursement
WEBSITE SUPPORT

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34089

Date of Disbursement

/ /

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)

2000.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 364 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial) DEAN VIRAG	Transaction ID: SB21B.34106 Date of Disbursement																				
Mailing Address 14039 WESTWIND LANE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	6		0	4		2	0	0	9												
City CULPEPER State VA Zip Code 22701	Amount of Each Disbursement this Period																				
Purpose of Disbursement WEBSITE SUPPORT Candidate Name	<table border="1"> <tr> <td colspan="10">500.00</td> </tr> </table>	500.00																			
500.00																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
B. Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.34029 Date of Disbursement																				
Mailing Address 4128 PEPSI PLACE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC CAGING AND DATA ENTRY SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">1429.32</td> </tr> </table>	1429.32																			
1429.32																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
C. Full Name (Last, First, Middle Initial) WASHINGTON INTELLIGENCE BUREAU	Transaction ID: SB21B.34049 Date of Disbursement																				
Mailing Address 4128 PEPSI PLACE	<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		2	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		2	6		2	0	0	9												
City CHANTILLY State VA Zip Code 20151	Amount of Each Disbursement this Period																				
Purpose of Disbursement PAC CAGING AND DATA ENTRY SERVICES Candidate Name	<table border="1"> <tr> <td colspan="10">1004.68</td> </tr> </table>	1004.68																			
1004.68																					
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				

SUBTOTAL of Disbursements This Page (optional)

2934.00

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 365 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34128

Date of Disbursement

/ /

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34080

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)
WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City CHANTILLY State VA Zip Code 20151

Purpose of Disbursement
PAC CAGING AND DATA ENTRY SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: SB21B.34104

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

3575.69

TOTAL This Period (last page this line number only)

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 366 / 392

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

WASHINGTON INTELLIGENCE BUREAU

Mailing Address 4128 PEPSI PLACE

City
CHANTILLY

State
VA

Zip Code
20151

Purpose of Disbursement
PAC CAGING & DATA ENTRY SERVICES

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State:

District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.34116

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1159.22

SUBTOTAL of Disbursements This Page (optional)

1159.22

TOTAL This Period (last page this line number only)

101440.16

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 367 / 392

<input type="checkbox"/> 21b	<input checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

CAMPAIGN FOR WORKING FAMILIES

Mailing Address 2800 Shirlington Road, Suite 930

City
ArlingtonState
VAZip Code
22206

Purpose of Disbursement

TRANSFER TO NONFED CROWE EXCESS 12/31/08

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB22.34051

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	8		2	0	0	9

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 368 / 392

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

Susan B. Anthony List

Mailing Address 1800 N Kent Street

City
ArlingtonState
VAZip Code
22209Purpose of Disbursement
CONTRIBUTION

Candidate Name

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Transaction ID: SB23.34045

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2		2	6		2	0	0	9

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)

2500.00

TOTAL This Period (last page this line number only)

2500.00

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 369 / 392

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A.

Full Name (Last, First, Middle Initial)

MCDONNELL FOR GOVERNOR

Mailing Address 2819 N. PARHAM ROAD
SUITE 210

City State Zip Code
RICHMOND VA 23294

Purpose of Disbursement
Contribution

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB29.35309

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	3		2	0	0	9

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 370 / 392

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
COVINGTON & BURLINGNature of Debt (Purpose):
LEGAL FEES

Mailing Address 1201 PENNSYLVANIA AVE NW

City State ZIP Code
WASHINGTON DC 20044

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.34168

Amount Incurred This Period

6023.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

6023.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DESIGN 4 INCNature of Debt (Purpose):
PAC - GRAPHIC ART/BUMPERS-
TICKERS

Mailing Address 2020 W BRANDON BLVD #202

City State ZIP Code
BRANDON FL 33511

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.34169

Amount Incurred This Period

1300.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1300.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
DIRECTECHNature of Debt (Purpose):
CAGING AND DATA PROCESSING

Mailing Address 8595 GROVEMONT CIRCLE

City State ZIP Code
GAITHERSBURG MD 20877

Outstanding Balance Beginning This Period

223.11

Transaction ID: SD10.4694

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

223.11

1) **SUBTOTALS** This Period This Page (optional).....

7546.11

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 371 / 392

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
INTEGRAMNature of Debt (Purpose):
PAC DIRECT MAIL PRODUCTION

Mailing Address 8421 HILLTOP ROAD

City State ZIP Code
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.34154

Amount Incurred This Period

2662.73

Payment This Period

2662.73

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
INTEGRAMNature of Debt (Purpose):
PAC DIRECT MAIL PRODUCTION

Mailing Address 8421 HILLTOP ROAD

City State ZIP Code
FAIRFAX VA 22031

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.34170

Amount Incurred This Period

3326.03

Payment This Period

0.00

Outstanding Balance at Close of This Period

3326.03

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
MWM DIRECT MARKETING SERVICESNature of Debt (Purpose):
PAC - DIRECT MAIL

Mailing Address 8048 HILLRISE COURT

City State ZIP Code
ELKRIDGE MD 21075

Outstanding Balance Beginning This Period

2320.90

Transaction ID: SD10.4696

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2320.90

1) **SUBTOTALS** This Period This Page (optional).....

5646.93

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 372 / 392

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE LUKENS COMPANYNature of Debt (Purpose):
PAC DIRECT MAIL CONSULTING

Mailing Address 2800 SHIRLINGTON ROAD #900

City State ZIP Code
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.34147

Amount Incurred This Period

2625.00

Payment This Period

2625.00

Outstanding Balance at Close of This Period

0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE LUKENS COMPANYNature of Debt (Purpose):
PAC DIRECT MAIL CONSULTING

Mailing Address 2800 SHIRLINGTON ROAD #900

City State ZIP Code
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.34149

Amount Incurred This Period

2600.00

Payment This Period

2600.00

Outstanding Balance at Close of This Period

0.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE LUKENS COMPANYNature of Debt (Purpose):
PAC DIRECT MAIL CONSULTING

Mailing Address 2800 SHIRLINGTON ROAD #900

City State ZIP Code
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.34151

Amount Incurred This Period

2600.00

Payment This Period

2600.00

Outstanding Balance at Close of This Period

0.00

1) **SUBTOTALS** This Period This Page (optional).....

0.00

2) **TOTALS** This Period (last page this line number only).....3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only).....4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)

SCHEDULE D (FEC Form 3X)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 373 / 392

FOR LINE NUMBER:
(check only one)☐ 9
☒ 10NAME OF COMMITTEE (In Full)
CAMPAIGN FOR WORKING FAMILIES**A.** Full Name (Last, First, Middle Initial) of Debtor or Creditor
THE LUKENS COMPANYNature of Debt (Purpose):
PAC DIRECT MAIL CONSULTING

Mailing Address 2800 SHIRLINGTON ROAD #900

City State ZIP Code
ARLINGTON VA 22206

Outstanding Balance Beginning This Period

0.00

Transaction ID: SD10.34171

Amount Incurred This Period

2000.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2000.00

1) **SUBTOTALS** This Period This Page (optional)..... ▶

2000.00

2) **TOTALS** This Period (last page this line number only)..... ▶

15193.04

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2)** and **3)** and carry forward to appropriate line of Summary Page (last page only) ▶

15193.04

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☐**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☐ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

METHOD OF ALLOCATION FOR:

- **SHARED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **SHARED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES** (State, District and Local Party Committees Only)
- **ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE)**(Seperate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

USE ONLY ONE SECTION, A or B**A. State and Local Party Committees****Fixed Percentage (select one)**

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees**Flat Minimum Federal Percentage**If the committee will allocate using the flat minimum percentage of 50% federal funds, check ☒**or**

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %Nonfederal..... %

This ratio applies to (check all that apply):

Administrative ☒ Generic Voter Drive ☐ Public Communications Referencing Party Only ☐

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 381 / 392

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT
 CAMPAIGN FOR WORKI-
 NG FAMILIES

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 1 / 2 9 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

8625.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

8625.00

Transaction ID: H3.34178

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 382 / 392
 FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT
 CAMPAIGN FOR WORKI-
 NG FAMILIES

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 2 / 2 6 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

8625.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

8625.00

Transaction ID: H3.34180

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 383 / 392

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT
 CAMPAIGN FOR WORKI-
 NG FAMILIES

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 3 / 2 7 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

8625.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

8625.00

Transaction ID: H3.34181

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 384 / 392

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT
 CAMPAIGN FOR WORKI-
 NG FAMILIES

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 4 / 2 9 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

8625.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

8625.00

Transaction ID: H3.34182

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 385 / 392

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT
 CAMPAIGN FOR WORKI-
 NG FAMILIES

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 5 / 2 9 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

8625.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

8625.00

Transaction ID: H3.34183

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

TOTAL This Period (Generic Voter Drive)

TOTAL This Period (Exempt Activities)

TOTAL This Period (Direct Fundraising)

TOTAL This Period (Direct Candidate Support)

TOTAL This Period (Public Communications Referring Only to Party)

TOTAL This Period (Total Amount Transferred)

SCHEDULE H3 (FEC Form 3X)
TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE 386 / 392

FOR LINE 18a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

NAME OF ACCOUNT
 CAMPAIGN FOR WORKI-
 NG FAMILIES

DATE OF RECEIPT

M M / D D / Y Y Y Y
 0 6 / 2 6 / 2 0 0 9

TOTAL AMOUNT TRANSFERRED

8625.00

BREAKDOWN OF TRANSFER RECEIVED

i) Total Administrative

8625.00

Transaction ID: H3.34185

ii) Generic Voter Drive

Transaction ID:

iii) Exempt Activities

Transaction ID:

iv) Direct Fundraising (List Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred for Direct Fundraising

v) Direct Candidate Support (List of Activity or Event Identifier)

a)

Transaction ID:

b)

Transaction ID:

c) Total Amount Transferred For Direct Candidate Support

vi) Public Communications Referring Only to Party (Made by PAC)

Transaction ID:

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)

51750.00

TOTAL This Period (Generic Voter Drive)

0.00

TOTAL This Period (Exempt Activities)

0.00

TOTAL This Period (Direct Fundraising)

0.00

TOTAL This Period (Direct Candidate Support)

0.00

TOTAL This Period (Public Communications Referring Only to Party)

0.00

TOTAL This Period (Total Amount Transferred)

51750.00

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 387 / 392
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)

GARY BAUER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:
PAC CONSULTING POLITICAL FUNDRAISING/ADMIN

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

12000.00

Date	M M / D D / Y Y Y Y
	0 1 / 2 6 / 2 0 0 9

Transaction ID: H4.34126

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6000.00		6000.00		12000.00

B. Full Name (Last, First, Middle Initial)

BILL MOELLER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:
CONSULTING POLITICAL RESEARCHER

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

14750.00

Date	M M / D D / Y Y Y Y
	0 1 / 2 9 / 2 0 0 9

Transaction ID: H4.34123

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1375.00		1375.00		2750.00

C. Full Name (Last, First, Middle Initial)

Dorie Velezis

Mailing Address

2800 S. Shirlington Road, #930

City	State	Zip Code
Arlington	VA	22206

001

Purpose of Disbursement:
ACCOUNTING SERVICES

Category/
Type

Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

17250.00

Date	M M / D D / Y Y Y Y
	0 1 / 2 9 / 2 0 0 9

Transaction ID: H4.34124

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1250.00		1250.00		2500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8625.00		8625.00		17250.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 388 / 392
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
BILL MOELLER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:
CONSULTING POLITICAL RESEARCHER
Category/
Type
Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

20000.00

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	9

Transaction ID: H4.34127

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1375.00

1375.00

2750.00

B. Full Name (Last, First, Middle Initial)
Dorie Velezis

Mailing Address

2800 S. Shirlington Road, #930

City	State	Zip Code
Arlington	VA	22206

001

Purpose of Disbursement:
ACCOUNTING SERVICES
Category/
Type
Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

22500.00

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	9

Transaction ID: H4.34130

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1250.00

1250.00

2500.00

C. Full Name (Last, First, Middle Initial)
GARY BAUER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:
PAC CONSULTING POLITICAL FUNDRAISING/ADMIN
Category/
Type
Activity or Event Identifier:
Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

34500.00

Date

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	2	6	/	2	0	0	9

Transaction ID: H4.34131

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6000.00

6000.00

12000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8625.00

8625.00

17250.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

**SCHEDULE H4 (FEC Form 3X)
DISBURSEMENT FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY**

PAGE 389 / 392
FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)

BILL MOELLER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:
PAC CONSULTING POLITICAL RESEARCHERCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

- ☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

37250.00

Date 03 / 27 / 2009

Transaction ID: H4.34132

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1375.00		1375.00		2750.00

B. Full Name (Last, First, Middle Initial)

Dorie Velezis

Mailing Address

2800 S. Shirlington Road, #930

City	State	Zip Code
Arlington	VA	22206

001

Purpose of Disbursement:
ACCOUNTING SERVICESCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

- ☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

39750.00

Date 03 / 27 / 2009

Transaction ID: H4.34134

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
1250.00		1250.00		2500.00

C. Full Name (Last, First, Middle Initial)

GARY BAUER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:
PAC CONSULTING POLITICAL FUNDRAISING/ADMINCategory/
TypeActivity or Event Identifier:
Administrative

Type of Allocated Activity:

- ☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

51750.00

Date 03 / 27 / 2009

Transaction ID: H4.34135

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
6000.00		6000.00		12000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
8625.00		8625.00		17250.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE	NONFEDERAL SHARE	TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 390 / 392
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
 BILL MOELLER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:
 PAC CONSULTING POLITICAL RESEARCHER

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

54500.00

Date

M	M
0	4

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.34136

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1375.00

1375.00

2750.00

B. Full Name (Last, First, Middle Initial)
 Dorie Velezis

Mailing Address

2800 S. Shirlington Road, #930

City	State	Zip Code
Arlington	VA	22206

001

Purpose of Disbursement:
 ACCOUNTING SERVICES

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

57000.00

Date

M	M
0	4

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.34137

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1250.00

1250.00

2500.00

C. Full Name (Last, First, Middle Initial)
 GARY BAUER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:
 PAC CONSULTING POLITICAL FUNDRAISING/ADMIN

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support

☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

69000.00

Date

M	M
0	4

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.34138

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6000.00

6000.00

12000.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8625.00

8625.00

17250.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 391 / 392
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
 GARY BAUER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:
 PAC CONSULTING POLITICAL FUNDRAISING/ADMIN

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

81000.00

Date

M	M
0	5

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.34139

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6000.00

6000.00

12000.00

B. Full Name (Last, First, Middle Initial)
 BILL MOELLER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:
 PAC CONSULTING POLITICAL RESEARCHER

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

83750.00

Date

M	M
0	5

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.34140

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1375.00

1375.00

2750.00

C. Full Name (Last, First, Middle Initial)
 Dorie Velezis

Mailing Address

2800 S. Shirlington Road, #930

City	State	Zip Code
Arlington	VA	22206

001

Purpose of Disbursement:
 ACCOUNTING SERVICES

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

86250.00

Date

M	M
0	5

 /

D	D
2	9

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.34142

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1250.00

1250.00

2500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8625.00

8625.00

17250.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

SCHEDULE H4 (FEC Form 3X) **DISBURSEMENT FOR ALLOCATED** **FEDERAL/NONFEDERAL ACTIVITY**

PAGE 392 / 392
 FOR LINE 21a OF FORM 3X

NAME OF COMMITTEE (In Full)

CAMPAIGN FOR WORKING FAMILIES

A. Full Name (Last, First, Middle Initial)
 GARY BAUER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:
 PAC CONSULTING POLITICAL FUNDRAISING/ADMIN

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

98250.00

Date

M	M
0	6

 /

D	D
2	6

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.34143

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

6000.00

6000.00

12000.00

B. Full Name (Last, First, Middle Initial)
 BILL MOELLER

Mailing Address

2800 SHIRLINGTON ROAD #930

City	State	Zip Code
ARLINGTON	VA	22206

001

Purpose of Disbursement:
 PAC CONSULTING POLITICAL RESEARCHER

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

101000.00

Date

M	M
0	6

 /

D	D
2	6

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.34145

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1375.00

1375.00

2750.00

C. Full Name (Last, First, Middle Initial)
 Dorie Velezis

Mailing Address

2800 S. Shirlington Road, #930

City	State	Zip Code
Arlington	VA	22206

001

Purpose of Disbursement:
 ACCOUNTING SERVICES

Category/
Type

Activity or Event Identifier:
 Administrative

Type of Allocated Activity:

☒ Administrative ☐ Fundraising ☐ Exempt
☐ Voter Drive ☐ Direct Candidate Support
☐ Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

103500.00

Date

M	M
0	6

 /

D	D
2	6

 /

Y	Y	Y	Y
2	0	0	9

Transaction ID: H4.34146

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

1250.00

1250.00

2500.00

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE

+

NONFEDERAL SHARE

= TOTAL AMOUNT

8625.00

8625.00

17250.00

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE

NONFEDERAL SHARE

TOTAL AMOUNT

51750.00

51750.00

103500.00